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Neighbors Caring For Neighbors: Parish Involvement in School-Based Health Promotion

by

Carmen L. Lawrence ©

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled **Neighbors Caring for Neighbors: Parish Involvement in School-Based Health Promotion** submitted by Carmen L. Lawrence in partial fulfillment of the requirements for the degree of Master in Nursing.

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I dedicate this thesis to my husband, Howard Lawrence, my son Jonathan, and my daughter Lydia. Howard's continuous support and encouragement throughout all my years of studies has been instrumental in my growth academically and personally. To my four year old son, I say thank-you for never out-growing your naps - it sure helped me get my work done! To Lydia, thank-you for waiting until the day after the defense of my thesis to be born.

Abstract

Comprehensive School Health (CSH) represents a philosophy of health promotion, centered in the school, that promotes the integration of a number of community resources, like local parishes, in helping to promote a community's health. Although there is evidence to support the health promoting role of the Church, there is a lack of evidence that describes the processes involved in such a group participating in school-based health promotion. Using action research methods, members of a local parish and school collaboratively worked together to answer the research question, "Can a local parish become involved in promoting the health and well-being of children and families in a local high-needs elementary school?". Using qualitative analysis techniques, it was demonstrated that a local parish can become involved in an empowering process of health promotion as neighbors caring for neighbors. The findings from this study have implications for community-based nursing practice and research.

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Chapter I

CREATING CONTEXT

Introductory Comments

The inception of this thesis began many years ago while I was working in the area of child and family health in an urban community clinic. During the course of my work it did not escape my notice that at-risk children and families who wanted the service often prematurely terminated their involvement. Although reasons for their disengagement varied, I became concerned that nurses were not appropriately accessing those families nor helping them meet some of their health needs. For instance, many had to travel long distances to get to the clinic. That proved to be very difficult for families who had no vehicle or who had to navigate a number of bus routes. Once at the clinic, there was definitely a feeling of "us" (the professional) and "them" (the client): waiting rooms, names being called for the next appointment, walks to enclosed offices, all contributed to that feeling. Often the people and surroundings that touched the everyday lives of those people like other family members, the school, local organizations, and the surrounding environment were not well understood by those of us who worked at the clinic. Although we may have tried to understand, the reality of their experiences were often difficult to grasp.

Upon returning to the University to pursue graduate studies, I began to focus more of my efforts in the area of child and family health, particularly looking at how nurses could gain greater access to and be involved in more health promoting practice. As it was, I began to explore school-based health promotion by looking to a newly emerging practice model called Comprehensive School Health. It was also during that time that several changes in my own personal sphere occurred. Namely, my own local church parish, which is surrounded by disadvantaged neighborhoods, began to question how they could become involved

in promoting the health and well-being of the surrounding community. After a year long process of thinking and planning, a partnership was formed between the parish and a local high-needs elementary school (pseudonym: Gibson Elementary). It was suggested at that time by some parishioners that I join them as a researcher in coming to understand how an effective partnership could be formed. Merging the two worlds of school-based health promotion and parish involvement in health promotion aroused my curiosity and seemed to hold some promise for community-based nursing practice. Through my own literature review and based on the questions being asked by parishioners, the research problem, purpose, and questions for this study were articulated.

The Research Problem

Canada's overall poverty rate presently stands at 17.4% and has virtually risen for all family types in the last year (Reutter, 1995). A number of serious consequences of poverty on the health of children have been identified in previous research (Canadian Institute of Child Health, 1994; King & Cole 1992; Edmonton Social Planning Council, 1994). The question that often arises from such disparaging statistics is how can the health of disadvantaged groups (particularly children) be most effectively promoted? In an attempt to answer such a question, a number of new theoretical perspectives concerning health promotion have been suggested in the literature and have had major implications for how professionals view health and health promotion. Some of the outstanding features of the new movement include expanding the definition of health and its determinants to include the social and economic context of health, to go beyond individual lifestyle strategies of health promotion and instead include broader social and political strategies, and to embrace the concept of empowerment as a key health promotion strategy and philosophy.

Empowerment that is expressed by various players coming together to understand issues, support each other, address conflicts, and gain increased influence and control over the quality of their lives is reflected in a number of community-based health promotion models. One such model is called Comprehensive School Health. It represents a philosophy of health promotion, centered in the school, that is integrative, community-based and seeks to promote an interdependent relationship among a variety of people and organizations within a locality to enhance the health of a community. Although there is increasing research evidence supporting the efficacy of such a model, there is still a gap in the literature concerning the processes involved with various players, like the participation of a local parish. Historical and present day evidence support the health promoting role of parishes. Being able to understand how it is that a local parish can become involved in school-based health promotion requires further exploration. Gaining knowledge about such processes would provide those involved in the partnership and other nurses with new knowledge in planning future interventions that would be effective for meeting the health needs of various people, particularly disadvantaged groups.

Purpose of the Study

The purpose of this study was to collaboratively work with various members of the parish and school in discovering and describing the processes involved in the first year of their parish/school partnership. To do so, action research was chosen as the method of study.

Research Question

The research question for this study is, Can a local parish become involved in promoting the health and well-being of children and families in a local high-needs elementary school?

Five subquestions that stemmed from the original research question that were also considered in this study included:

1. Who becomes involved?

2. How are health issues identified and prioritized?

3. What happens in the planning and implementation of one specific program?

4. How are the initiative, process, and outcomes perceived by the participants involved in:

(a) the specific program?

(b) the overall planning of the parish/school initiative?

5. What did the participants learn from the process?

Thesis Format

The thesis is composed of five chapters. In Chapter I the problem statement, purpose of the study, and research questions are presented. As well, a personal account of how I came to be involved in this research process and a history of how the parish came to be involved in the school partnership is outlined. By doing so, greater understanding of the context of this research is achieved. In Chapter II a review of the literature is presented. Chapter III describes the method of research chosen for this study. The participants, data-collection methods, data management, data analysis, research standards and issues of confidentiality are discussed. Chapter IV presents the findings of the research process. Finally, in Chapter V the findings from this research are compared with other relevant research literature and the implications of those findings for nursing are outlined. The chapter concludes with my own personal reflections on being involved in this action research process both as a parishioner and graduate student.

Forming The Partnership

To create context for the parish/school partnership and therefore to this study, I will outline how the partnership was first formed, my involvement in it, and why action research was chosen as the most appropriate research method. I will begin by telling the story of how Gibson Elementary and First Church's (pseudonym) partnership formed. The decision for First Church to partner with Gibson Elementary was in itself a process that took place over a one year period. The parish is in a midwestern Canadian city and is surrounded by a number of disadvantaged communities. It has a membership of 200 people and has existed in the neighborhood for over 40 years. Over the years many members of the parish have come to believe that they have been "called by God" to be involved in the life of the geographic community. They have done so through a number of church-related programs and by working alongside other religious and secular organizations.

Two years ago a new minister was hired by the congregation who both lived in the neighborhood and demonstrated a desire to be involved in community development. Following his arrival, the church staff and parishioners began an intense process of questioning how the church could become more effectively involved in the community. Emphasis was placed on coming to understand the perspective of the congregation so any decisions made would reflect a grassroots movement within the church not something mandated by church leadership (Senior Minister, April, 1997). Committee meetings with church leadership, church-wide meetings, and individual discussions were held throughout the year so the voices of the congregation concerning community involvement would be heard. The church staff (included a 63 year old female minister who has been attending the church for 30 years and working as a minister for 7 years; a 26 year old female minister who has been working on staff for the last 7 years; a 37 year old male senior minister

who has been a minister for 12 years and at First Church for 2 years; a 63 year old male parishioner who has been attending the church for 25 years and is now retired and working in the church as the chairperson of the board; and the church secretary who has been working at the church for 3 years) met weekly and examined both the emerging opinions of parishioners and other information they were getting from their own research with other agencies in the neighborhood, school board trustees, government officials, and various government documents. During that process not only were programs identified that were already in place in the community but the church staff also began to understand more fully the issues of poverty associated with the area. As those issues were relayed back to the congregation, an even greater desire arose among the parishioners to answer the question "what then can we do?".

Various ideas for church involvement emerged. People talked about supporting police and teachers, sponsoring a community-wide Christmas banquet, starting a food bank, and knitting mittens and hats for poor children, to name a few. Becoming involved in agencies already doing work in the area was also discussed. Ideas included working with an agency focusing on at-risk families, becoming boardmembers for various local social agencies, providing a point-person for all the community leagues in the area, buying and renovating low income housing projects and selling them back to the people (as had been done in some American-based projects), or becoming involved in a project similar to one funded by the Ontario Ministry of Citizenship whereby the parishioners form support networks with other neighbors in helping to meet community needs.

Many possibilities for involvement seemed to exist, but coming to decide on a specific direction was, according to some of the parishioners, a very challenging process. Although many of the ideas appeared promising, there were a number of considerations that a congregation of moderate size and financial

resources needed to make. Namely, some projects were too costly or volunteer intensive for the congregation to undertake. Other ideas were not pursued because they would have limited parishioner involvement to a few select people who possessed executive-type skills or the projects themselves were so limited in scope (i.e. recreation) that many members would not have been able to participate.

It was in June of 1996, after much lamenting, that one of the associate ministers suggested that the church "adopt-a-school". At first there were some who were considerably skeptical as to whether those in a public school would want to partner with a "religious institution". For others, including the senior minister, the idea seemed to hold great promise. Memories of past conversations with the local school board trustee concerning the needs of school children in the area were reignited in the mind of the senior minister. As well, through informal conversations with myself, the minister had also become exposed to the philosophy of comprehensive school health. Therefore, the potential for effecting change with children and families by assuming the school as the hub of the community made the idea all the more appealing and realistic. There was also a sense that being involved in such a way was practically feasible and had the potential for many people in the congregation to become involved. The idea was presented to various members of the church with further enthusiasm generated to pursue the idea. From there, the senior minister contacted a teacher-friend who was part of the staff of the local school (Gibson Elementary) who in turn, put him in contact with the school principal. After contacting the principal to discuss the church's intent and ideas for involvement in the school, the principal immediately supported the idea and plans were made to begin the project in September of 1996.

My involvement began in July of 1996 after a conversation I had with the senior minister over what thesis topic I was going to pursue. It was at that point that he invited me to work with the church in the parish/school partnership. My

own work with comprehensive school health, my desire as a parishioner to impact change in the community, and the desire for the parish to work collaboratively in asking "how can they become involved?" fueled my excitement to make the project part of my thesis research. From there a manageable working committee was established by the church staff that included the school principal, a school teacher liaison, a parish liaison, the parish minister, the chairperson of the parish external affairs committee, and myself, a parishioner and graduate student. People were chosen for the collaborative group on the basis that they were not already involved in a church project; were interested in working intensely with those in the community, particularly people living in poverty; and persons who demonstrated good organizational and people skills. A small group was chosen as a starting point so as to make it "light-weight and manageable" (Senior Minister, September 1996).

In hindsight, I see that it was important for me to not be involved for a variety of reasons in the initial decision-making process concerning the church's involvement in the school. First, it was crucial that the decisions made were from the perspective of the church people. Although I took on a more active role during the actual thesis project in voicing ideas regarding decisions, I believe that having the topic firmly established prior to my entering the process ensured that the research questions were in fact coming from a grassroots movement rather than mandated by a professional. Second, when the idea to partner with a school was introduced it was done so by someone totally not associated with the comprehensive school health movement. With CSH being my area of interest, there was a sense that I was then invited into the project rather than being instrumental in directing the church toward the project. I became an equal participant and not a self-appointed leader. Therefore, my own positioning within the research was impacted. This meant that as the thesis project began there was a

sense that "we are all in this together". As I will speak about later in the thesis, that had major implications for issues of professional power and equity in the group process.

The question that emerged, and which we wanted to answer was: "Can a local parish become involved in promoting the health and well-being of children and families in a local high-needs elementary school?" It was our belief that answering that question would provide important knowledge for change in the community. It was my belief that answering that question would also help inform nurses during the current climate of health care reform when nurses are attempting to define more clearly their roles in community-based practice.

The method of study chosen for this research project is based on the philosophy of action research. The philosophy emphasizes a collaborative relationship between the researcher and participants in promoting change in individuals and the community (Elliott, 1991). It also means that the group decides on the research questions. Although the other group members did not help write the initial research proposal for this thesis, their input through various conversations became very important to the development of the research questions. In addition to their input, my own literature review of salient theoretical perspectives also helped me formulate more clearly both how those questions could be asked and how the research relates to current literature. The research question and subquestions were intentionally kept broad in scope because of my belief that as the participants became more deeply engaged in the process of change through action research new questions would emerge leading the investigation to an even greater focus. Although this perspective is less defined than the traditional quantitative paradigm, it is not unlike the perspective of qualitative-based research. The important distinction in action research, however,

is that the research is for change. Knowledge is gained with the people and for them (Dickson, 1995).

It was anticipated that other people, like parents, teachers, students, and various professionals would become involved and serve as informants for the research. That did in fact, occur. As the reader will come to see in the Findings chapter, many other people became important to the process. Their contribution in time and communicating their perceptions of the process were essential to the project. In my original guiding research questions, I was hoping to focus my research efforts on one specific program. At the time it was very difficult to predict how the project was going to unfold. Initially, I thought that by focusing on one initiative I would be able ensure that my explorations remained rich in content. That being said, it was more difficult during the year to limit my efforts to one specific area simply because everything that was occurring was in some way connected and important to the overall understanding of the partnership. Therefore, the findings do represent a very broad perspective on what occurred in the first year. It was not until the second semester of the school year that it became clearer how the area of parent involvement could be followed in a more in-depth manner.

This thesis project represents the work of the school and parish group over one full school year. Although the partnership will continue, my participation as researcher for purposes of thesis research needed to be limited for the obvious reasons of completing my Masters degree. It was important to me and very much a part of my decision to do this research, however, that I would be able to continue participating in this project even upon completion of my thesis. As will become evident, the ethics of doing action research are complex. To gain trust and become involved in peoples' lives involves a commitment to them that in my case needed to extend beyond my own thesis work. Being both a parishioner and a graduate

student did pose a number of ethical dilemmas. By facing such dilemmas and bringing them out into the open I believe I was able to maintain integrity in the research while ensuring the respect and dignity of those with whom I worked.

Chapter II

EXPLORING THE LITERATURE

Debate exists regarding the approach to the literature when qualitative research methods are used. Some researchers suggest that becoming too steeped in the literature before engaging in the research could constrain one's ability to creatively analyze and make sense of the data (Strauss & Corbin, 1990). They do suggest, however, that one approach the research situation with some, not all, knowledge of the theoretical literature related to the area. By doing so, the researcher remains informed to the research situation but not restricted in the ability to discover the phenomenon under investigation.

The following literature review represents some of the knowledge gained in order to plan the initial research questions and direction for the project. This review reflects a very broad overview of areas that intuitively seemed important to understand prior to engaging in this research project. Since that initial review, more literature was reviewed during the research process. It was at the end of the project that the links between this literature and the research question became more clear. Those links are expanded on in the concluding "Discussion" chapter of this thesis.

The following literature review covers the areas of child/family poverty and its effects on health, as well as a description of the current health promotion movement with disadvantaged groups and its emphasis on empowerment. The concept of empowerment is expanded upon followed by a review of a community-based health promotion model that supports the philosophy called Comprehensive School Health. The Church's involvement in such a model and in health promotion both historically and presently is explored and recommendations for further research provided. Participatory Action Research, a method of research that is rooted in the empowerment philosophy, is defined and proposed as the method of

choice for this research. This section concludes with reflections on the literature review.

Demographic Profile of Children in Poverty in Canada

Canada's overall poverty rate presently stands at 17.4%. This rate has risen for virtually all family types in the last year (Reutter, 1995). Reutter provides a demographic profile of the socioeconomically disadvantaged as typically being single parent mothers and their children, or unattached individuals (primarily women). In the province in which this study took place, there are approximately 18% of children living in poverty when poverty is defined on the basis of Statistics Canada Low Income Cutoffs (see Appendix A for statistics). Poverty trends in the city specific to this study presently stand at 21%, the highest in 14 years (Lochhead & Shillington, 1996). Specifically, the school involved in this study is ranked as one of the top ten high-need schools in the city (School Board Trustee, personal communication, August 20, 1996). The allocation of high-need status is made by the School Board based on the average family income of children attending the school and the percentage of transience during the school year.

Poverty and Health

A number of serious consequences of poverty on the health of children have been identified in previous research. For example, poor children are twice as likely as more affluent children to be limited in school or play activities over the long term by chronic health problems (Canadian Institute of Child Health, 1994). As well, in comparison with more affluent children, they are more likely to visit a hospital emergency room and be admitted to hospital. According to King and Cole (1992), children age six to sixteen whose family received social assistance did substantially worse on several measures of school performance: failed grades, need for remedial classes, problems in conduct, hyperactivity, and learning disorders.

These same youth scored lower on well-being indexes and rated themselves as less happy.

Other effects of poverty on the health of the family have been reported. Poverty is associated with higher than average degrees of family instability, stress, violence, alcoholism, and criminality (Edmonton Social Planning Council, 1994). As well, people in lower socioeconomic groups are more likely to be exposed to environmental risk conditions such as working in dangerous and stressful jobs, living in dangerous neighborhoods, and having inadequate housing. They are also more likely to have fewer social networks which lead to feelings of isolation, depression, powerlessness, and anxiety.

Health Promotion with Disadvantaged Groups

The question becomes: how can the health of disadvantaged groups be most effectively promoted? In order to address this question, it is important to understand the evolving nature of health promotion in Canada. A number of definitions and directions for health promotion have risen in the last three decades. In a current analysis, Labonte (1994) a leading researcher in the area of health promotion, provides some insight into what he considers major milestones in Canadian health promotion. For example, in 1974 the Lalonde Report gave birth to an approach to health and health promotion that was more holistic in perspective than the typically seen medical approach to health. Subsequently, the Shifting Medical Paradigm Conference held in 1980 gave rise to two differing approaches to health promotion: one stressing individual responsibility for health (a lifestyle approach) and the other stressing analysis of social structures and conditions. In 1984 the Beyond Health Care Conference moved the health promotion movement into the political arena by stressing healthy public policy and activism. And, in 1986 the famous Epp Report brought the concept of community and environment to the fore. Rather than expecting individuals to change individually, "health

professionals (now) have an equal responsibility to act upon the environmental conditions that shape behavior, doing so in such a way as to remove structural barriers that prevent individuals from making healthy choices" (Lalonde, 1994, p. 85). Thus, the features of the new health promotion movement became expanding the definition of health and its determinants to include the social and economic context of health, going beyond individual lifestyle strategies of health promotion to include broader social and political strategies, and embracing the concept of empowerment as a key health concept for health promotion (Robertson & Minkler, 1994).

The new health promotion movement has had an impact on the approaches taken to promote health amongst disadvantaged populations. Stewart (1990) writes about the above described movement also emphasizing the nationally recognized need to describe the association between poverty and health and the need for health promotion strategies that are appropriate to the poor. She proposes a number of strategies for working with the disadvantaged that reflect the new movement. She recommends that programs must move beyond broad-based health education efforts towards approaches that are individualized, meaningful, and encompassing of trust. She encourages more informal networking of groups within a community to help people acquire knowledge and skills necessary for health. She places emphasis on analysis and action at a variety of levels, individual and environmental. Finally, she suggests that health promotion among disadvantaged groups will require increased citizen participation and mutual decision making about health care issues. She states, "empowerment can result from...reciprocal, collegial interchange with professionals as partners" (p. 453). Coming to understand more fully what empowerment means within the context of health promotion provides further insight into strategies for nursing practice and research that are important to this study.

Empowerment: A Health Promotion Concept

The new health promotion movement places an emphasis on empowerment as a health promotion philosophy and strategy (Roberston & Minkler, 1994). The concept of empowerment is rooted in critical social theory which emphasizes analysis of structural/environmental factors affecting the health of disadvantaged or oppressed groups. The underlying assumption is that some sort of power differential or unattended social problem exists resulting in individuals and communities experiencing feelings of powerlessness, alienation, or lack of control (Rissel, 1994). The emphasis on empowerment as a health promotion concept emerged from the work of community psychology in the early 1980's. A theorist in that discipline described the aim of empowerment as helping people to control their own lives (Rappaport, 1981). In later work, Rappaport went on to describe empowerment as a "process: the mechanism by which people, organizations and communities gain mastery over their affairs" (1984, p. 122). In more recent work, Wallerstein (1992) described empowerment as a "social action process that promotes participation of people, organizations, and communities towards the goals of increased individual and community control, political efficacy, improved quality of life, and social justice" (p. 198). Importantly, empowerment is not something one can give to another. Rather, the professional or group act as facilitators in helping others "seize" their power (Labonte, 1993).

Empowerment is seen as a multilevel concept which emphasizes analysis and action at many levels including the individual, organization, and community (Rissel, 1994; Labonte, 1993, Chavis & Wandersman, 1990). For purposes of this research, community level empowerment is defined as an individual or group applying "their skill and resources in collective efforts to meet their respective needs...they provide enhanced support for each other, address conflicts within the community, and gain increased influence and control over the quality of life and

their community (Israel, Checkoway, Schulz, & Zimmerman, 1994, p. 153). Those involved in a community empowering process would address health needs at a variety of levels as depicted in Labonte's (1993) empowerment holosphere which includes personal care, small group development, community organization, coalition building and advocacy, and political action. It is the argument of Labonte and others that all levels, at some point, need to be addressed. He also contends, however, that not every group will be able to work at all levels. Nurses or other groups seeking to facilitate empowerment would do so by helping individuals and communities articulate both their health problems and potential solutions (Roberston & Minkler, 1994).

Promoting empowerment is seen both in the use of community-based health promotion models and in the move to embrace research methodologies that capture the critical thinking and dialogue necessary for empowering change. One such philosophy that will be focused upon in this review is Comprehensive School Health. It was chosen for this review because of the setting in which this research took place.

Comprehensive School Health

CSH represents a philosophy of community-based health promotion that "considers and promotes an interdependent and dynamic relationship among health education, health services, and a healthy environment within the school, the family, and the community" (Alberta Coalition for School Health, 1992, p.1). Although there are a variety of conceptualizations of CSH, commonalties exist among them. Namely, that CSH is an integrative, community-based health promotion effort. At the core of the CSH concept is the belief that the school is the center of a community and therefore is the most suitable place to coordinate health education, services, and community development. CSH focuses on the broad spectrum of policies, programs, services, and activities that are delivered by school, health

agencies, governments, professionals, local community groups, parents, and the students themselves. Individual health behaviors are not the only focus, but the environment in which the students learn and live is considered. The four basic goals of CSH are to promote health; prevent disease, disorders, and injury; assist those who are at risk of poor health; and support those who are experiencing poor health. The means to achieving these goals are through health education; support services to students, families, and school employees; social support through peers, families, the media and public policy; and by promoting healthy environments.

In an analysis of 25 major studies and reports which addressed the health and educational needs of children and youth in the United States, Allensworth (1993) describes commonalties across the reports regarding the critical issues and potential strategies for action that support the use of a CSH model. First, the inter-connection between education and health is becoming increasingly obvious. In other words, children who are healthy learn better. It is said that "students who go to school hungry, abused, or sick are unlikely to engage themselves successfully in the classroom and are likely to experience educational failure" (Kirst & Kelley, 1995, p. 21).

Second, the biggest threats to health today are "social morbidities". Many health problems, which are preventable, are established during childhood and extend into adulthood. In a study put out by the Canadian Institute of Child Health (1989), it was reported that 22% of Canada's population, the school-aged group, rarely uses the hospital-based health care system. Yet, during the school years many lifestyle patterns affecting their health currently and into adulthood are formed. Lifetime patterns such as eating, smoking, drug and alcohol use, and behavioral and emotional patterns are established (Kolbe, 1993). "By preventing the health problems that afflict young people and the adults they become, we can improve health education outcomes, reduce spiraling health care costs, and

improve economic productivity" (Kolbe, 1993, p.12). These shifts call for innovations like CSH.

A third theme emerging in Allensworth's analysis was the need for more comprehensive collaborative programming centered in the school that focuses on community development. In a review of the last two decades of literature in school health there is an obvious trend away from curriculum-based health education toward a much more comprehensive approach which includes instruction, policy mandates, environmental changes, direct intervention, social support/role modeling, and use of media (Allensworth, 1993). All of these activities should be carried out by a diverse group of people in the school and community (Dryfoos, 1990).

Evaluation of Comprehensive School Health Initiatives

There are currently three major Canadian CSH initiatives: Comprehensive School Health in the Northwest Territories (NWT), The Dartmouth Health Promotion Study (Nova Scotia), and the B.C. Healthy Schools Project. Because these projects are relatively new, little research data are available concerning their implementation and their impact. Based on some preliminary studies put out by the Department of Health and Education in the NWT's, the need for programs to address cultural issues at the community level was considered crucial to meeting the perceived health needs of the population (Heyland, 1990). The Dartmouth Health Promotion Study, a five-year project beginning in 1989/90, was established to evaluate the impact of coordinating the efforts of health education, health services, and the community environment in nine schools with children in grades 4 through 6. After an extensive needs assessment, the two problem areas targeted were cardiovascular health and mental health promotion. In their early findings from a parental survey, it was reported that there were statistically significant

increases in the children's talk about heart healthy foods, physical activity, and perceived levels of confidence and self-esteem (Cogdon & Belzer, 1991).

American based literature in the area of CSH is more abundant partly because the United States has been involved in implementing this model since 1970. In an extensive content analysis of school-linked collaborative programs with at-risk populations (mostly urban, low achieving, and economically/socially disadvantaged children and youth), Wang, Haertel, & Walberg (1995) compiled evidence to support that such efforts do promote health. All of the programs selected involved a collaborative component among various institutions and agencies. All programs evaluated were designed to impact the lives of children or families; were implemented in this last decade; and contained an outcome-based evaluation or some measurement of short-term, intermediate, or long-term results. Forty-four sources were used for the review.

From the forty-four sources, 176 outcomes were identified across the six program areas. Of the 176, 80% indicated that the interventions produced positive results; 16% reported no evidence of change; and 4% indicated that the interventions produced negative results. The five most common types of outcome measures in the studies included achievement test scores, grade point average and academic grades, reduced behavior problems, self esteem, and dropout rates. Although the authors found that most programs were successful in attaining their particular goals, they warned that studies of collaborative-linked programs often suffer from high attrition, noncomparable control groups and outcome measures of unknown reliability and validity. They also point out the lack of data reported on the implementation process.

An important point needs to be made with regard to evaluation of such comprehensive community health initiatives. Although many of the above studies attempt to quantitatively evaluate programs, the limitations of using this

methodological approach in a school setting warrant mentioning and further critique. For example, it is often very difficult if not impossible to design studies with comparison groups when no two schools are alike and when high transience rates in many schools (including the one in this study) pose problems for pre-post testing. As well, and perhaps more importantly, the process of community health promotion in itself is often a long, complex one that becomes very difficult to quantify.

Another important issue to consider is that although a lot of the literature in CSH mentions the involvement of various groups, like local churches, in promoting the health of children and families, there were no studies found that actually described the processes by which such local organizations become involved. This lack of process oriented knowledge concerning local group involvement in school-based health promotion suggests that there is a need to ask the question: Can a local parish become involved in promoting the health and well-being of children and families in a local high-needs elementary school? Although there is a lack of research literature on the role of the church in school-based health promotion, there is a growing body of literature describing parish involvement in health promotion. In the following section, particular attention will be given to describing the historical role of the church in health promotion followed by a review of the literature related to parish-based health promotion.

The Church and Its Role in Health Promotion

Although there are various other religious perspectives with equally rich history, it is from the perspective of Judeo-Christianity that this review was written. Health and healing ministries which address the physical, mental, and spiritual needs of people, are considered by many to lie at the center of Christian mission. According to Droege (1995), "congregations promote solidarity, give meaning and purpose to life, inspire hope, pursue social justice, and serve those in

need wherever they may be" (p. 122). Thus, many congregations, including the one in this study, consider it their mandate to care for the sick, the poor, and those who are oppressed. This mandate is reflected in both the Old Testament and New Testament writings. For example, the Old Testament is replete with social imperatives for correcting injustices and advocating for disadvantaged groups. In fact, many of the laws proposed by God to the nation of Israel reflected His intentions to ensure that people of disadvantage (widows, the poor) would be supported. Examples from various Old Testament writings include:

> Leviticus 19: 9-10: When you reap the harvest of your land, do not reap to the very edges of your field or gather the gleanings of your harvest. Do not go over your vineyard a second time or pick up the grapes that have fallen. Leave them for the poor and the alien.
>
> Deuteronomy 14: 28-29: At the end of every three years, bring all the tithes of that year's produce and store it in your towns, so that...the aliens, the fatherless and the widows who live in your towns may come and eat and be satisfied, and so that the Lord God may bless you in all the works of your hands.
>
> Psalm 82: 3-4 also contains a plea for justice: Defend the cause of the fatherless; maintain the rights of the poor and oppressed. Rescue the weak and needy; deliver them from the hand of the wicked.

Such mandates also resonate in New Testament writings. In fact, Jesus continually admonished people to care for both the physical and spiritual needs of others. According to the teachings of Jesus, there was no separation between one's spirituality and caring for others. For example, in the book of James, there is great emphasis placed on the idea that faith (or spirituality) must be accompanied by actions. It states:

> Suppose a brother or sister is without clothes and daily food. If one of you says to him, 'Go, I wish you well; keep warm and well fed,' but does nothing about his physical needs, what good is it? In the same way, faith by itself, if it is not accompanied by action, is dead. (James 2: 15-17)

Similarly, in Mathew 25:31 Jesus blatantly described the essence of what it means to follow Him. Namely, that people care for one another, particularly people who are in some way disadvantaged or oppressed.

> I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in. I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me". The people responded by asking 'when did we do this?' and Jesus said whatever you did for one of the least of these brothers of mine, you did for me.

Historical Context

Historically, social action in the Church has been an attempt to demonstrate the love of God by ensuring that the various needs of individuals, particularly oppressed groups, were addressed. In his book, John Stott (1984/1990) outlines various contributions made by the Christian Church in areas of social justice. For example, an 18th century evangelical movement in Britain was marked by a concern for the plight of African slaves. As a result, various Christian reformers became deeply involved in advocating for the abolition of the slave trade (1807) and finally the emancipation of slaves in 1833. They also became advocates for penal and parliamentary reform and factory legislation. The same story can be told of different movements in the United States in the last century. Again, renowned Christian leaders such as Charles Finney spoke of the Christian faith as a movement that must release the Church's impulse toward social reform. According to an American missiologist, social action in mission became a matter of helping to

improve people's living conditions by helping to eliminate fatal diseases; advocating against injustice and exploitation by government and commercial companies; and resisting oppressive practices like the slave trade, infanticide, and child prostitution.

In Canada, one can also see patterns of Church involvement in social action (White, 1997). In Canada's early history, which was marked by a predominantly agrarian society, activity was centered in the rural setting where local needs were met by local parishioners. After World War I Christians interested in social reform began to look at how various institutions in society were negatively impacting the health of citizens. As a result, many Christian social movements began to promote reform at the structural or sociopolitical level. There was a rise in such groups as the Christian socialist movement and the move by many denominations to include social action as part of their mission statements. Thus, the church became recognized as a setting where health promotion could take place: "since the church has historically been associated with health and healing, it is an ideal setting for health programs to take place...it is well known that religious institutions (churches) have a unique influence on the communities they serve" (Miller, 1987, p. 3).

Currently, there is an increasing body of literature that focuses on the health promoting role of the church. Some of it provides evidence of successful health promotion efforts. For example, churches in American cities have been effectively involved in housing development projects for the homeless by providing leadership, funding, and advocacy (Cohen, Mowbray, Gillete, & Thompson, 1991). Two other examples include American-based quantitative studies looking at the church's involvement in programs to help reduce weight and increase exercise in order to reduce the risk for cardiovascular disease (Wells, Depue, Lasater, & Carleton, 1988; Hatch, Cunningham, Woods, & Snipes, 1986). For both programs,

evaluations were based on comparison groups who did not receive special training courses or support sessions. Both programs cited statistically significant findings of reduced weight and improved flexibility, body tone, reduced blood pressure, and lowered resting heart rate. Other successful programs spoken of in the literature include church-based mental health projects (Appleby, Kocal, Filinson, Hammond, Prebis, Ellor, & Enright, 1987); drug prevention programs (Sutherland, Harris, Barber, Kissinger, Lapping, Cowart, Lewis & Turner, 1994); and nutrition education (Lasater, Wells, Carleton, & Elder, 1986).

In spite of such evidence, there are still major gaps in the literature regarding parish-based health promotion. In a related literature review, Sutherland, Hale, and Harris (1995) suggest four distinct gaps: (1) few reports distinguish between levels of prevention (e.g., primary, secondary, or tertiary); (2) there is inconsistent nomenclature across reports to describe prevention activities; (3) most reports are descriptive; and (4) there are few empirical studies examining the prevalence and/or effectiveness of parish-based preventions. In addition, when research articles were found, they were most often American-based, quantitative, focused on congregational health rather than broader aspects of community health promotion, and not revealing of the processes involved in parishes forming various partnerships nor how those partnerships were health promoting. It is those gaps that are addressed in this research.

Action Research: An Empowering Research Methodology

The emphasis on empowerment in the new health promotion movement has also resulted in the call for new research strategies. The critique is that adhering to traditional methods of research may not adequately reflect an empowering framework. Rather, they often promote top-down change or knowledge that is not necessarily important to the people being researched. One philosophy and method of research that has its roots in an empowering framework is participatory action

research (PAR). In PAR, the research question is identified, analyzed, and acted on collaboratively with other community members. The "act of creating knowledge and the knowledge that is created are used to understand and change oppressive social situations" (Drevdahl, 1995, p. 17). The ideology of participatory research is generally seen in the work of critical theorists like Paulo Freire (1970/1993) who emphasized that social change would come as a result of others becoming "critically conscious" of the reality in which they live. Such "conscientizacao" would occur through critical reflection and action. It would demand that people become involved in a process of honest dialogue whereby everyone gains the right to listen and speak: "through this coming to voice, a group realizes power in collective action" (Drevdahl, 1995, p. 17).

PAR reflects a philosophy of conducting research that is not linear. Rather, it supports the notion that all players (the academic researcher and the indigenous knowers) need to collaboratively work together in order to come to a greater understanding of the situation (Drevdahl, 1995). Its emphasis is on engaging in a process of discovery that supports local insights and abilities regarding the resolution of community issues (Rains & Wiles Ray, 1995). Therefore, the knowledge gained through the process contributes to solving community problems as they are perceived by the people. This emphasis on research that is "for the people rather than on the people" (Reason, 1988, p. 1) promotes stronger consensus and participation amongst community members. PAR becomes a tool for empowerment as groups begin to "uncover and elevate the common knowledge of a community and empower people to think and value their collective understanding" (Rains & Wiles Ray, 1995, p. 257).

Reflections

Being that this research took place in a socioeconomically disadvantaged neighborhood, the emphasis on poverty and its effect on health demonstrated the

importance of coming to understand how health can be effectively promoted with disadvantaged groups. As it was, there has been an emphasis in recent literature on health promotion efforts that embrace the concept of empowerment. Empowerment that is expressed by various players coming together to understand issues, support each other, address conflicts, and gain increased influence and control over the quality of their lives, is expressed in such community-based health promotion models as Comprehensive School Health. Implicit in the CSH philosophy is that the school is a hub around which such collaborative work takes place. Although there is support for such a model/philosophy in promoting the health of children and families in disadvantaged settings, there is a gap in knowledge concerning the processes involved in various players, like a local parish, becoming involved. Although history and recent research provides evidence to support the idea that the Church can play an important role in health promotion, there is still a need for more research that focuses on Church involvement in school-based health. It must also be stated that new movements within nursing, like parish nursing, are beginning to contribute knowledge regarding Church involvement in health promotion. Research literature is scant, however, and therefore was not emphasized in this review. Finally, the focus on empowerment in the health promotion of disadvantaged groups also requires that new strategies of research be employed. One such strategy is participatory action research. It serves as the basis of this research. In the following chapter PAR will be defined and the process of action research for this study articulated.

Chapter III

THE RESEARCH PHILOSOPHY AND PROCESS

Participatory Action Research: A Definition

The method of research chosen for this study is based on the philosophy of participatory action research (PAR). PAR is a combination of community participation, research, and action (Rains & Wiles Ray, 1995). PAR is, first of all concerned about the questions of who has the right to produce knowledge, for whom is the knowledge generated, and how is this knowledge transformed into action that is beneficial to the community? The research activity itself becomes transformed into a "socially viable methodology for bringing about people's development" (Kiyenze, 1984, p. 6). PAR is inherently collaborative in nature, it is process-oriented, and it emphasizes that knowledge for change will come through the critical reflection and actions of the participants. Those qualities seemed to fit well with how the parish was wanting to work with those at the school and in the community.

Kurt Lewin, a social psychologist first coined the phrase 'action research' to describe a process whereby theory and practice could work symbiotically (Holter & Schwartz-Barcott, 1993). Lewin challenged the scientific beliefs of his day by stating that research in social change needed to involve a collaborative process of working on problems and participation of those most directly involved (Lewin , 1951). It needed to go beyond the academic institution and touch people, particularly those who were oppressed, in their every day lives. Therefore, researchers would need to consider the context and historicity of the situation in which they were working. The result of that kind of focus would be research that was "for the people rather than on people" (Reason, 1988, p.1). In other words, knowledge gained through the process would contribute to solving community problems as they were perceived by the people. The sum of the knowledge gained

through that kind of process would allow for a much more complete picture of the reality that the people were hoping to transform.

Approaches to action research are relatively consistent across the literature. PAR usually includes variants of the following six activities. These activities represent a spiral-like process of reflection that leads the investigation toward a particular question. They include: (1) identifying the concern or theme to address; (2) reconnaissance of the situation; that is, continual fact-finding and analysis of the themes; (3) creation of an action plan; (4) implementation of the action plan; (5) reflection and evaluation; and (6) continuation through subsequent spirals of the action research process (Elliot, 1991; Altrichter, Posch, & Somekh, 1993; Carson, Kanu, & Stanski, 1994).

In many ways, PAR represents a way of doing research that runs counter to the traditional positivist model of research. Several attributes characterize the positivist paradigm of research. First, the researcher would adhere to a belief in one single reality independent of his or her own interest. In other words, maintaining objectivity on the part of the researcher would be essential. Second, the researcher would believe in a mechanistic explanation of causality. And third, it would be presumed that one universal truth could be found (Lincoln & Guba, 1985; Guba and Lincoln, 1989). In contrast, the underlying assumptions of PAR more closely reflect what Lincoln and Guba (1985) call the "constructivist" paradigm of research. In that paradigm realities are socially and experientially constructed. Truth is best informed by coming to understand the lived experience of individuals. The researcher does not position him or herself as an objective outsider. Rather, the researcher would be seen as one who brings their own experiences and interpretation to the research.

Although action research has its roots in social psychology, which focuses on the emancipation of oppressed groups, it is now being used as a method

and philosophy of research by a variety of groups in a variety of settings (Hunt, 1981; Webb, 1989; Greenwood, 1994). Examples of such research can be found in education and more recently in nursing literature. In education, for instance, a group of teachers may become involved in a process of action research that helps them gain knowledge for change related to any number of educational issues (Elliot, 1991). Or, within nursing, action research has been used amongst nurse practitioners to answer questions pertaining to such issues as the role of unit managers in acute care settings (Titchen & Binnie, 1993).

Action research was chosen for this study because it not only represented a philosophy of research but also a practical strategy that most accurately resembled the process of the parish group. It is important to note that although I positioned myself philosophically as an action researcher for this thesis, the parish and school participants did not take the project on as an "action research initiative". Rather, they saw themselves as a collaborative group seeking change through their own questioning, reflection, and action. The parish and school participants became the knowledge generators and the instigators of change. My role in the process became one of coparticipant and recorder. I recorded all of the information, provided insight about my own theoretical understandings, and participated with the group in planning and evaluating changes. In hindsight I see that the most important part of my role was to help feed information that I was gaining from my analysis of the ongoing process back to the group. As Freire (1970/1993) states, "it is only as (people) rethink their assumptions in action that they can change" (p. 89). By my taking on that role I believe that each of us was able to "reach a perception of (our) previous perceptions" (Freire, 1970/1993, p. 96) and thus, the knowledge generated had more relevance to us.

Participatory Action Research: The Process

In this action research, the spiral-like process served as a guide to ultimately answer the question: Can a local parish become involved in promoting the health and well-being of children and families in a local high-needs elementary school? The subquestions listed in chapter I helped to provide general direction for answering the research question. Further questions that emerged and the ways to explore them remained fluid throughout the process. Various techniques and methods for gathering data were used. Much of the information (particularly in the initial stages) was obtained by my audio-taping monthly meetings of the core collaborative group. Using pseudonyms, the core collaborative group was composed of the school principal (Catherine), a school teacher liaison (Evelyn), the parish liaison (Hannah), the parish minister (Mathew), the chairperson of the parish external affairs committee (Ken), and myself, a parishioner and graduate student. As was expected, other people became involved in the research as the year progressed (i.e., parents, parishioners, and indirectly some of the school children).

Throughout this research I refer to the people involved in a variety of ways. When I refer to the core group prior to December 1996, I am meaning Evelyn (the teacher liaison), Hannah (the parish/school coordinator), Ken (the parish external affairs coordinator), and Mathew (the parish minister). After December, the principal (Catherine) returned from a leave of absence and became part of the core group. When I refer to the parish group I am excluding Evelyn and Catherine. It is also important to note that although there are no direct quotes that include myself, my referring to the parish or core group as "we" means that I was also involved as a participant. Various parishioners and parents are quoted individually. There are times, however, that I refer to the "PAC parents" and that includes the five core parents: Murray, Jackie, Karen, Coreen, and Marilyn. Collaborative group discussions, participant observation, minutes from meetings,

interviews, sermon notes, parent surveys, a congregation-wide survey, related research literature, and my personal journal all helped to inform this research. In the following section, I will describe how each of those sources were used.

Collaborative Group Discussions - The entire core group met at least one time per month. As was mentioned, the principal (Catherine) was part of that group. She did not start attending, however, until the second semester following a leave of absence. In her place was an acting-for principle (Suzanne). Contrary to the original intention of the parish group, Suzanne did not attend any of the core group meetings. Although her input was obtained in a number of ways throughout those months, there was an unspoken assumption among some parishioners in the group that asking her to attend the meetings may add to her already taxed work load. It was not until December that some of those assumptions were voiced and a resolution made that Catherine begin attending meetings upon her return.

The core group meetings usually lasted approximately two hours. Discussions varied depending on issues that had arisen from previous meetings, current issues and actions, and further information that group members wished to obtain. All meetings were audio-taped and transcribed verbatim by myself. Content analysis of emerging themes with regard to the evolving nature of the group's thinking were conducted by myself. The findings were shared in subsequent meetings for ongoing validation, clarification, and stimulation of the change process.

Participant Observation - When one is involved in participant observation emphasis is placed on observing and recording actual behavior of individuals and the way it is personally and socially expressed (Morse & Field, 1995). As a result, observations made can be used to further validate and interpret information given by the participants (Morse & Field, 1995). There are different types of participant observation: complete participation, participant-as-observer, observer-as-

participant, and complete observer (Morse & Field, 1995). In this study, I positioned myself as participant-as-observer. In essence, my role was one of participating along with other parishioners in the process of establishing the partnership with particular attention being given to obtaining detailed accounts of that process.

As with any strategy, there are certain limitations to doing participant observation. Namely, it relies on personal observation and experiences with the people and setting. Findings therefore may not be easily replicated or confirmed. As a result, I tried to provide as much detail as possible in describing the circumstances and context that led to my observations. Information gained from my observations were recorded in fieldnotes. During various meetings, salient points were written down and filled in with more detail after the meetings. Various details were included. For example, the site, date, and names of participants were recorded. A detailed description of people (including physical appearance, dress, mannerisms, or style of talking) were noted. Direct quotes from people were written down (particularly in circumstances when I did not audio-tape meetings). Nonverbal communications or subtle changes in behavior were observed. All such information was helpful to make analytical sense of the process and stimulate further questions for the study.

Several challenges arose with regard to participant observation that warrant mentioning. First, gaining trust within the setting was important to obtaining accurate information. With the core group, trust was established quickly. Gaining trust with other groups, like the parent advisory council (PAC), took longer. Therefore, information gathered at the beginning of the process may have been limited by what the participants were willing to share. As the year progressed, it was my observation that participants became more comfortable with our presence as a parish group and with my role as researcher. Second, there was the

difficulty of being both a parishioner and a researcher. I questioned whether that dual role prevented me from observing certain aspects of the partnership. Therefore, particular attention was paid to validating my observations with other core group members. Third, some ethical dilemmas arose with regard to my observing certain situations. Namely, there were a variety of events that took place throughout the year that involved many members of the school population and community: the Christmas banquet, the Christmas concert, student-lead conferences, and spring fling. It would have been virtually impossible to have obtained a written consent from such large groups of people. Therefore, upon consulting with my advisor, it was decided that information obtained concerning those events would need to come from within the context of discussions taking place in the core group meetings. In that way, my report would represent the perceptions of the group as they were involved in those events rather than my own personal observations. Having mentioned some of the challenges to participant observation, it is important to note that it was only one method of data collection used in this study. Therefore, some of the inherent limitations just described were circumvented through the use of other means of data collection methods.

Minutes from initial core group meetings - This study received ethical clearance through the Faculty of Nursing on October 3, 1996. Because the study was to take place in a public school, it was also required that the research proposal be reviewed by the Faculty of Education and permission to proceed granted by the school principal and school board administration. As it was, permission to proceed was immediately obtained from the principal. An official signature from the school board was not obtained until December, 1996. Although the school board signature was late in coming, verbal permission to proceed with the study as of October, 1996 was granted by the Associate Dean of Research in the Faculty of Education. Since parish involvement in the school had already begun in August,

1996, I used minutes from parish meetings held between August and October, 1996 in order to create context for this study and to ensure that the beginning of the parish/school collaboration was part of the analysis.

Unstructured interviews - Interviews allow a researcher to gain a deeper understanding of a participant's thoughts. They allow for the systematic gathering of essential information (Spradley, 1979). The interviews conducted in this study were guided by exploratory focused questions. The participant's responses also guided the interview process and directed it into areas that could not be anticipated beforehand. Interview questions were formulated by myself and the core group to more specifically help answer research questions number four and five (see Appendix B through to H for examples of interview guides used in various interviews). Emphasis was placed on assisting participants to tell their stories or perceptions of the partnership. Anyone involved in interviews was aware that their comments could be used to help stimulate further discussion amongst those of us in the core group. As it was, no participants refused such sharing of information.

With regard to this research, the interviewing process was, for the most part, successful and essential to obtaining detailed information regarding participant perceptions. Most of those interviewed were open and willing to discuss issues. As with other forms of data collection, one must address some of the potential limitations arising from conducting interviews. First, being that this was my first research project, my own inexperience in interviewing could have placed limitations on the project. It was a growing experience to be able to ask good questions and focus on listening rather than imposing my own agenda. Second, it was virtually impossible to talk to all people involved in the partnership due to my own time constraints and to the reality that some areas of the partnership were explored in more detail than others. Therefore, it must be recognized that this research represents the voice of a few and not the entire

community. Third, it can never be known for certain how my involvement as a parishioner may have impacted the ability of those interviewed to be completely honest regarding the strength and limitations of the partnership. It could have been that some chose to please me rather than provide an accurate account. The potential was also there that my own personal characteristics may have impeded their responses (i.e., my age, sex, race, education).

As it was, two categories of participants were interviewed: the members of the core group and other parishioners and parents who became involved in the partnership. All interviews were audio-taped and transcribed verbatim. From the transcripts, a content analysis was done with particular attention given to discerning differences and similarities amongst participant comments. Those comments were then used to stimulate further reflection and change. At the final core group meeting, time was taken to summarize my analysis of the interviews and to hear final comments. Validation of findings from all interviews was obtained through discussions at core group meetings, through informal conversations, and by having some members read portions of my final report.

Core group interviews.

In my initial research proposal, I suggested that there would be three key interview points of the core group throughout the academic school year: one at the beginning, one midsemester, and one at the end of the school year. As it turned out, there were two interview points. This happened because of the time it took to receive ethical clearance. By the time I had received ethical approval to start the study, the group process was well under way. Therefore, rather than interview everyone individually to establish baseline data, it appeared more advantageous to begin recording the core group meetings as they were occurring.

The first interview point occurred with the acting-for principal and the principal (Catherine) in December of 1996. That interview was conducted by

myself. The parish senior minister was also in attendance. Subsequent interviews of Evelyn, Mathew, Kevin, and Hannah (the remaining core group members) occurred in March of 1997. By that point in time, several initiatives were in place and various impressions had been formed. Finally, at the end of the school year (May, 1997), final interviews were conducted. The principal and teacher liaison were interviewed separately and the remaining parish core members were interviewed as a group. Choosing to do a group interview with the parish members was done more for pragmatic reasons than any other. Namely, in that same month I was also interviewing parents, the principal, and the teacher liaison. Therefore, time was at a premium. In essence the interview became a discussion of what had occurred during the year with particular emphasis being placed on ensuring that the voice of each participant was heard. The advantage to doing a group interview was that it enhanced group discussion by allowing the members to compare experiences and 'bounce' ideas off of each other. The disadvantage was that I may not have heard, in as much detail, the personal accounts of each member.

Unstructured interviews of other participants.

As the parish became involved in certain initiatives throughout the year, various people involved in those initiatives were interviewed by myself. Representatives from the snack program, reading program, and PAC group were chosen by myself so that we could gain a broad perspective of how others involved were perceiving the partnership. Participants were chosen based on their involvement and availability. Particular emphasis was placed on coming to understand the perceptions of the PAC parents because of my coming to focus on that particular initiative. With regard to the snack program, interviews were conducted in March and April 1997 with three parishioners and two parents who were involved in the daily serving of snacks. A program aid previously in charge of the program was also interviewed. Two of the three parishioners were chosen

based on the fact that they were new-comers to the program. The third parishioner was chosen because she had already been involved as a volunteer in the school for the past twenty years. Therefore, it was anticipated that she would offer valuable insights concerning the partnership. Two school parent volunteers were chosen so that the core group could gain the parental perceptive of volunteering in a school as well as understand how they perceived working alongside the parish. Finally, an interview was conducted with the previous snack program coordinator (a teacher-aid in the school) to help us gain some understanding of the history of the snack program and her perspective on the parish involvement. With regard to the reading program, only one parishioner was able to provide comments due to the program getting a late start. By the time others became involved, I was already conducting final interviews with the core group and PAC parents. Therefore, time became limited. As it was, the parishioner was only able to provide written comments rather than a formal interview. Finally, in May, 1997, I interviewed five PAC parents. Although there were up to three more parents involved in PAC, the five were chosen based on their ongoing involvement with the parish throughout the school year and their willingness to participate in an interview.

Other sources of data - Although the above stated methods were the main sources used for collecting information, there were other sources that should be mentioned. Those sources included such things as sermon notes, a parent survey, a congregation-wide survey , relevant research literature, my own personal journal, and theoretical and methodological notes concerning the research process. With regard to sermon notes, there were a number of times during the research year that the perspective of the senior minister concerning the theological rationale for the parish/school partnership was exposed through his sermons. I chose to include some of those sermons as part of the research data because they were helpful in coming to understand more fully his perspective on the initiative. Parent surveys

were conducted during student-led conferences in both the first and second semester (see Appendix I for example). Those surveys were compiled first by the core group and then by the PAC group to help recruit other parent volunteers. Insights concerning parent involvement gained by conducting those surveys, which were later discussed in core group meetings, were used as part of this research. Finally, a congregation-wide survey was compiled at the end of the school year by the parish group in hopes of gaining the perspective of how others in the congregation were perceiving the partnership (see Appendix J for example). It is important to note that the survey was not compiled by myself as an anticipated part of the research. Rather, the idea was formed during the process. It was compiled and analyzed by the entire parish group and the information obtained became part of the core group discussion and therefore, part of this research. It was also made clear on each form that the information would become part of the final report for this thesis. Throughout the research process, my reading of research-based literature and popular literature helped me gain further insight into the research process. It not only helped me compare knowledge gained from this study with other health related literature but it also stimulated discussion during core group meetings. Finally, theoretical and methodological memos, along with my own personal journal that included my thoughts and feelings concerning the research process, were kept in order to help me make sense of my own position and of the group process.

Data Management

The purpose of data management is to help the researcher organize the data for the ongoing process of analysis and interpretation "so that individual pieces can be readily retrieved as they are needed to create the mosaic" (Ammon-Gaberson & Piantanida, 1988, p. 160). I used a variety of strategies to enhance the organization of the data. I used the cut and paste method of organizing concepts

and themes. All stakeholder meetings and interviews were taped and transcribed. Each tape was labeled and dated for easy retrieval. All transcriptions were labeled, dated, and chronologically kept in a binder. All field notes, or other sources of data (like surveys, bulletin inserts, congregational evaluations) were kept chronologically in that same binder. Methodological memos containing information about the research process and theoretical memos about the emerging knowledge during data analysis were kept in a separate binder. A personal journal was also kept to help me document feelings and experiences that occurred throughout the research process. In that way, my personal preconceptions, values, and beliefs were made more explicit and they were then incorporated into the analysis and knowledge generation. All data were dated and timed. Direct quotes used in the cut and paste method were coded so that they can be traced to their original source. Back-up copies of all typed interviews and notes were kept on computer floppies.

Data Analysis

In this study I used a qualitative approach to data analysis. Qualitative researchers assume that the lived experience of others expressed through their language, emotions, and actions can be analyzed and interpreted so as to give meaning to those experiences. The evolving nature of an action research project demands an approach that is able to capture intricate details of the change process and organize "a complex, often incomprehensible entity in a manageable form in order to talk about and carry out...practice" (Garman, 1984). Generating results from qualitative data is described by Ammon-Gaberson and Piantanida (1988) as the ability of the researcher to transform large quantities of data into a meaningful "construal", a colorful mosaic that captures the detail of the data while also placing it within a meaningful whole. The researcher takes great care to develop the "lines of reasoning that will fill in the subtleties and nuances of the completed picture" (p.

160). Doing research from this perspective demands precision but also the researcher's own sensitivity and creativity.

Substantial qualitative data were generated from this study. The purpose of the analysis was to search for interpretations which seemed true to the collaborative group process and which would serve as a basis for further action (Altrichter, Posch, & Somekh, 1993). Content analysis of themes was done by myself on field notes, taped meetings, interviews, and other sources as they occurred in the research process. A final analysis took place at the end of the project and a "meaningful construal" was developed. As has already been stated, data were continuously shared and validated with the participants throughout the entire research process. Reviewing relevant literature also occurred throughout my data collection and analysis in order to validate insights and prompt further questioning.

Concerning the particulars of data analysis, Strauss (1987) suggests that there are no hard and fast rules that govern qualitative research. The diversity of research settings, projects, researcher styles, and unexpected events make it only possible to lay out general guidelines and rules of thumb for effective analysis. Coding and analysis should occur together in a manner that is flexible and non-linear, allowing the focus to shift if needed (Strauss & Corbin, 1990). Titchen and McIntyre (1993), noted nurse action-researchers, provide a number of ideas adapted from the perspectives of phenomenology and grounded theory for data analysis. Some of those ideas were also used to guide my analysis.

The guiding principles were as follows. Full immersion in all the data took place from inception to completion of the project. Reading and re-reading the typed transcripts, fieldnotes, and my own personal journal occurred in order for myself to become thoroughly familiar and oriented with the data. Initially, words that the participants used were noted in order to begin to capture their experiences.

Memos of initial tentative ideas and research decisions were maintained. After the initial analysis, more abstract constructs were developed from the existing data. Naming of those constructs was continuously checked against the data using a constant comparative approach. Again, maintaining theoretical and methodological memos were helpful in sorting through emerging knowledge and ideas for further action. As comparisons across the data were made, questions became more focused. Hypothesizing questions were generated and more information was sought. Themes, the most abstract level of a category, were generated by repeated reading of the data and constant comparison. Using a cut and paste method, those themes were then used to generate a meaningful picture of what had occurred during the research year.

Research Standards

Over the last few years qualitative research methods have received considerable interest and attention in nursing research (Morse, 1989). This interest stems, in part, from a recognition that although quantitative methods are a valuable way to describe and measure outcomes, they often do not reveal the meanings that people bring to particular situations. Qualitative researchers seek to ask research questions that help others gain a greater understanding of the lived experience of people as it is told by the people. Although I have seen both quantitative and qualitative methods used in action research, the process itself is one that, in my opinion, is best described as qualitative in nature. With that comes the challenge of addressing research standards for qualitative studies.

Much has been written about research standards for qualitative research (Brink, 1989; Field & Morse, 1985, Howe & Eisenhart, 1990). Traditionally, discussions concerning qualitative standards have focused on issues of reliability and validity. There is increasingly more debate in the literature, however, concerning the use of such standards (Howe & Eisenhart, 1990; Strauss & Corbin,

1990). The questions raised are whether some researchers are attempting to adapt standards used in quantitative research to qualitative methods. As Miles and Huberman (1984) state: "qualitative analyses can be evocative, illuminating, masterful, and downright wrong" but "there are no canon, decision-rules, algorithms, or even any agreed-upon heuristics in qualitative research to indicate whether findings are valid and procedures robust" (p. 230). That being said, Howe and Eisenhart (1990) have suggested that traditional concepts of reliability and validity be replaced by four evaluation standards. Those standards have been used to evaluate this research: fit, competence, credibility, and value constraints.

(1) Fit: When referring to fit, procedures for collection and analysis of data should be compatible with and driven by the research questions. I believe that this study met that criterion. As is common in action research, the questions for the study started out broad in scope and became more focused as the study progressed. Those questions and ways to collect information were consistent with the spiral-like process of action research and with the process of knowledge generation represented in this study.

(2) Competence: Competence refers to the technical competence demonstrated in tool development, data collection techniques, and data analysis. With regard to tool development, no specific tools (i.e. questionnaires, surveys, evaluations) were compiled by myself prior to the start of this research. During the year, however, some surveys were created by the core group in order to enhance understanding and move the project forward. The tools developed served their purpose well. Critique of those tools came from the group (re: length, wording, inclusions, exclusions) for the purposes of enhancing the parish process. Therefore, it could be suggested that the tool development in this study did reflect the criterion of competence even though it did not reflect the formal process of tool formation often seen in other research projects.

With regard to data collection techniques and data analysis, I believe that there were both limitations and strengths demonstrated in this research. The fact that this was my first research project placed limitations on my knowledge and expertise in both areas. This study was indeed a learning experience. My ability to discern research direction, decide on the most appropriate strategies for data collection, make sense of the emerging knowledge, communicate that knowledge back to the group, and understand my own position in the research were, I am certain, affected by my novice status. In spite of some of those issues, there were some important mechanisms in place that helped ensure as much competence as possible. For example, I had ongoing communication concerning research insights and data collection issues with my thesis advisor who was familiar with action research and the area being studied. On several occasions, issues of data analysis were discussed and decisions regarding coding and themes were verified through her. Importantly, knowledge generated throughout the study was continuously verified with core group members in order to ensure, as much as possible, the accuracy of my analysis and final report. Additionally, my own professional experience in mental health conducting interviews and therapy also enabled me to feel comfortable in the tasks of interviewing and conceptualizing large amounts of qualitative data.

(3) Credibility: Credibility is described as the judgment of whether the various conclusions drawn in the research are "warranted". Coming to judge credibility would involve comparison with pre-existing knowledge, congruency of background assumptions with the research questions and methods, revelations of researcher subjectivities, and being able to use knowledge from outside the particular perspective within which one is working. Another criterion of credibility would be audibility. Auditability would indicate the degree to which another

investigator can follow the thought processes, decisions, and methods utilized by the initial investigator (Yonge & Stewin, 1988).

First, credibility in this study was demonstrated by it reflecting some of the work already being done in community-based health promotion. Second, there was consistency demonstrated throughout the study with the research question and method of action research. Third, with regard to researcher subjectivities, I believe that the very nature of the action research process helped to reveal my and other's subjectivities. In many ways, one could state that exposing our assumptions and biases was an essential part of the process and therefore something to be sought. Although not a total safeguard, maintaining a personal journal proved to be a helpful check in that regard. Fourth, the fact that I needed to employ knowledge from other disciplines to help me make sense of the data proved to be an important safeguard against my inadvertently making assumptions based on familiarity with content or over-confidence in areas of knowledge. It ensured that I was comparing the knowledge gained from this study with current research literature. It must also be stated that such unfamiliarity may also have limited me from understanding, in totality, particular areas of knowledge. That is where it became helpful and essential to have input from people like my advisor who were familiar with some of those areas. Finally, auditability was achieved by my keeping theoretical and methodological memos which provided information concerning decisions made throughout the research process.

(4) Value Constraints: Two types of value constraints are named. External value constraints refer to the worth or practical significance of the research and how they are disseminated. In action research, the goal is to generate knowledge for change that is useful to a particular group of people in a particular place and time. The fact that knowledge was generated by the participants themselves and then used to promote change is what made this action research significant and

unique. In addition, there is the potential that the knowledge gained in our process may be used to help inform other practices. For instance, a number of individuals who are involved in health promotion or education have already expressed an interest in this research. Having said that, disseminating the findings of this research in a creative, clear way will become particularly important to achieving excellence in research standards.

Internal value constraints refer to ethical issues. The complexities associated with action research as a collaborative process made ethical considerations extremely important. Carson, Kanu, and Stanski (1994) suggest that the following ethical questions need to be considered throughout the process:

* What is the purpose of an intended change?
* In whose interests is this change being made?
* Who initiated and/or controls the change process?
* How are participants involved?
* How can disclosure and critical awareness be encouraged without putting participants at risk?
* How can we practice openness and mutual reflection and at the same time protect professional rights and responsibilities?
* How can change be implemented with caring and responsibility for others?

Underlying all of those questions is the notion that collaboration demands an ethic of relationship and negotiation (Carson et al., 1994). That notion became very important in this study. The fact that I was known by most of the core group (excluding the principal) prior to my starting this study helped tremendously in ensuring an ethic of relationship and negotiation. Being known and trusted from the start allowed me to gain quick entry into the research process. I believe it also helped clarify and reduce potential "power-over" issues that are of a concern when

positioning oneself as a coparticipant in research. Although it is very difficult to know how power issues are played out in collaborative research, I can say with some level of confidence that, based on comments from other core group members, my contributions were seen as helpful and able to be refuted. Being seen by the group in such a way helped ensure honesty and equality in our collaborative relationship.

The rights of the participants were protected in several ways. I presented this study to the Ethics Review Board of the University's Faculty of Nursing. Upon it being accepted, it was submitted to the Associate Dean of Research of the Faculty of Education for review. As part of that process, the approval of the School Board Ethics Review Committee and the signature of the acting-for and current school principal were obtained. Informed consent was initially obtained from all the core group members already described. Following that, other people who became involved through participant observation or interviews were also required to sign a consent.

Concerning informed consent, Meyer (1993) argues that obtaining informed consent is not really possible when the nature of the research is not clearly known from the start (as was the case in this study). That view is salient if one holds to the belief that informed consent is a single event which occurs at one point in time. Rather, I agree with Williams (1995) when she states that informed consent can be "a continuous process where it is made clear at the outset to participants that you as researcher do not know the exact and precise progression of the research" (p. 54). Therefore, when the participants agreed to be involved I carefully explained as much as I could the nature of the research, potential benefits, and the fact that no risks were anticipated (see Appendix K for example of consent form).

Voluntary participation was always stressed and participants were advised that they could withdraw from the study at any time without penalty to themselves or to their relation with the various sites involved. The participants could indicate their desire to withdraw from the study by simply informing the researcher. At that time, it would be made clear between the researcher and the participant whether they would want all the information they have contributed to the study to be deleted or included as part of the process of research. As it was, no participants chose to leave the study. Although it was anticipated that some children would serve as informants to the research, that did not occur. Rather, informants included core group members, adult parishioners, other professionals, and school parents.

To maintain confidentiality no real names were used in any written publications or verbal presentations. Instead, code names or numbers were assigned to all participants. Any information that could in some way identify the school, neighborhood, parish, or individuals was deleted or slightly changed to protect the research participants. There were some special issues associated with working in a collaborative group that warrant mentioning. Namely, that the power of action research comes from the collaborative group gaining knowledge about their own experiences and the experiences of others. Therefore, although confidentiality and anonymity were maintained for the final report of this study, there were various times during the research process that participant insights (from other parishioners and parents) were shared amongst the collaborative group in order to enhance understanding of situations. The specific source of information, however, was not shared. When obtaining consents, I made it very clear that information provided would be shared amongst the core group. It was also stressed that any information shared would remain confidential within the sphere of the research and that any quotes used in my final report would be assigned

fictitious names. Any subsequent publications produced around this thesis will uphold complete confidentiality and anonymity.

Names, addresses, consent form, and the list of code names were kept (and will continue to be kept) in a locked file. Consent forms will be destroyed five years after the study is completed (as per Faculty of Graduate Study guidelines). Audio-tapes and transcribed interviews were kept in a separate locked file. The consent forms indicated that the data collected from this study may be used for secondary analysis. As well, all participants were informed that if the data were to be used for further research, the report would contain no identifying information about the participants and appropriate ethical approval would be obtained. As is sometimes the case in other research projects, no demographic information of participants was included in the final report. That was done purposely to help ensure anonymity. Because a number of people outside the school became aware of the parish/school partnership, I made the decision that it would be in the best interests of all involved to leave out information that could potentially identify specific people.

Reflections

Being a coparticipant in action research demands that one reflect on their involvement. In doing so valuable insight is gained with regard to one's position, subjectivities, and contributions to the research process. The following reflections include some of the initial assumptions I held prior to my starting this research, challenges I faced in my position as coparticipant, and some of the contributions of that role.

Upon entering the research process, there were a number of assumptions I held. First, I assumed that the most authentic change would come through the mobilization of people specifically involved in the project. Indeed, the knowledge gained through the year reflected the rich discussions and contributions of all the

group members. Thus, any changes brought to the situation came from a culmination of all of our knowledge rather than through the work of any one person. Second, I assumed that the project itself was legitimate and had the potential to produce positive change. That did not mean that I was oblivious to the fact that the partnership may not succeed. Rather, I entered the process believing in the integrity of those involved as well as recognizing that much could be learned if the project was in some way to 'fail'. Third, I assumed that my role as researcher would be one of learner/contributor. Although I recognized that ideology and value-free observation have been esteemed in research for many years, I had come to believe that total "objectivity" in a study such as this one was neither possible nor desirable. Rather, I believed that my own values and knowledge would contribute positively to the parish/school partnership.

That being said, my role as action researcher posed a number of challenges. Although I had stated in my research proposal that I would be a coparticipant for change, coming to understand exactly what that meant was a learning experience that lasted the entire year. I often found myself asking the question, 'what would an action researcher do in this situation?'. Fortunately, I was able to discuss some of my quandaries with my thesis advisor who had worked as an action researcher. Even still, the role was never totally clear and it changed as the project moved forward. I remember the beginning of the project. Months of philosophizing about research and action research in particular, followed me into the first core group meeting. Theoretically I had positioned myself as one who would help facilitate the process. But, as I sat in the circle quietly listening, many questions began to enter my mind. What exactly should I be doing here? How much input should I have? Will it impact the direction of the group in such a way that my ideas become dominant? Is that even appropriate for this type of research? What about my own bias? What do I do with all my knowledge and past experience I have in

community health? Do I bring it to the discussion or do I wait and see how the rest of the group works things out? As one can see, action research demands a type of critical reflection on the part of the researcher just as much (if not more) than from the participants. What became important to the research process was articulating my questions, my assumptions, and my perspectives so that I was able to expose my 'bias' to the group thus creating a space for further discussion and exploration of my input.

In spite of some of those challenges, I do believe I can say with some conviction (based on my own observations and comments from the group members) that my input was important in several ways. By posing certain questions, underlying assumptions and beliefs we all brought to the research process were exposed and further insight was gained. Also, my participation helped ensure that knowledge gained was not knowledge lost. In other words, having the process recorded and analyzed helped to ensure that emerging themes were explored and that actions were continuously evaluated and re-evaluated. Interviewing individuals later in the process was essential for ensuring that the voice of a variety of participants was heard. In turn, that helped the collaborative group move forward in their planning and evaluation. The fact that I was writing a final report that would be critiqued by 'Academia' was seen by some of the core group members as helpful for establishing credibility in the community and accountability for the actions of the parish group.

In the following chapter, the journey of First Church partnering with Gibson Elementary is described. It represents a year long process of gaining knowledge for change. Through our constant reflecting, acting, and evaluating, we came to know more about who we were as a parish in the school and neighborhood and ultimately whether we could become involved in helping to promote the health and well-being of children and families in the school.

Chapter IV

NEIGHBORS CARING FOR NEIGHBORS: AN EMPOWERING PROCESS OF HEALTH PROMOTION

An Overview of The Findings

The findings from the parish/school partnership using action research methods are presented in this chapter. Statements made by various participants are taken verbatim from the data to substantiate the findings. All identifying characteristics of the informants have been removed or altered to protect their anonymity.

In this chapter a description of what occurred in the parish/school partnership over the first year of involvement is provided. In doing so the research question and subquestions outlined in Chapter 1 are addressed. The Chapter is divided into three sections. In section A, numerous factors are described that helped the partnership get started. In section B, the parish philosophy of neighbors caring for neighbors is described. Finally, in section C, the accomplishments of the partnership are outlined, reflections of the parish group concerning their involvement in the upcoming year are discussed, and final reflections are provided.

Through these findings it was demonstrated that a local parish can become involved in promoting the health of children and families in a high-needs school by engaging in an empowering process of health promotion (see Figure 1). Through a continuous collaborative process of reflection, action, and evaluation, the parish articulated a philosophy of involvement which stated that they start the initiative being motivated by loving intent, that they share responsibility and work alongside others, and that they promote reciprocity. It was that philosophy which guided their subsequent actions and accomplishments. The accomplishments became helping to meet felt needs, shared learning and working alongside parents,

increased understanding of parent involvement and ways to enhance it, and provision of social support.

Although at the end of the year the core group intuitively believed that the parish was effective in helping to promote health, it was not until the findings of this research were compared with other theoretical literature that it became clear that the parish was involved in an empowering process of health promotion. By comparing the findings with indicators of empowerment found in the literature, it was determined that the philosophy and accomplishments described above reflected a neighborhood movement that could ultimately promote others in the community achieving a greater sense of competence and control in solving problems related to their health and well-being.

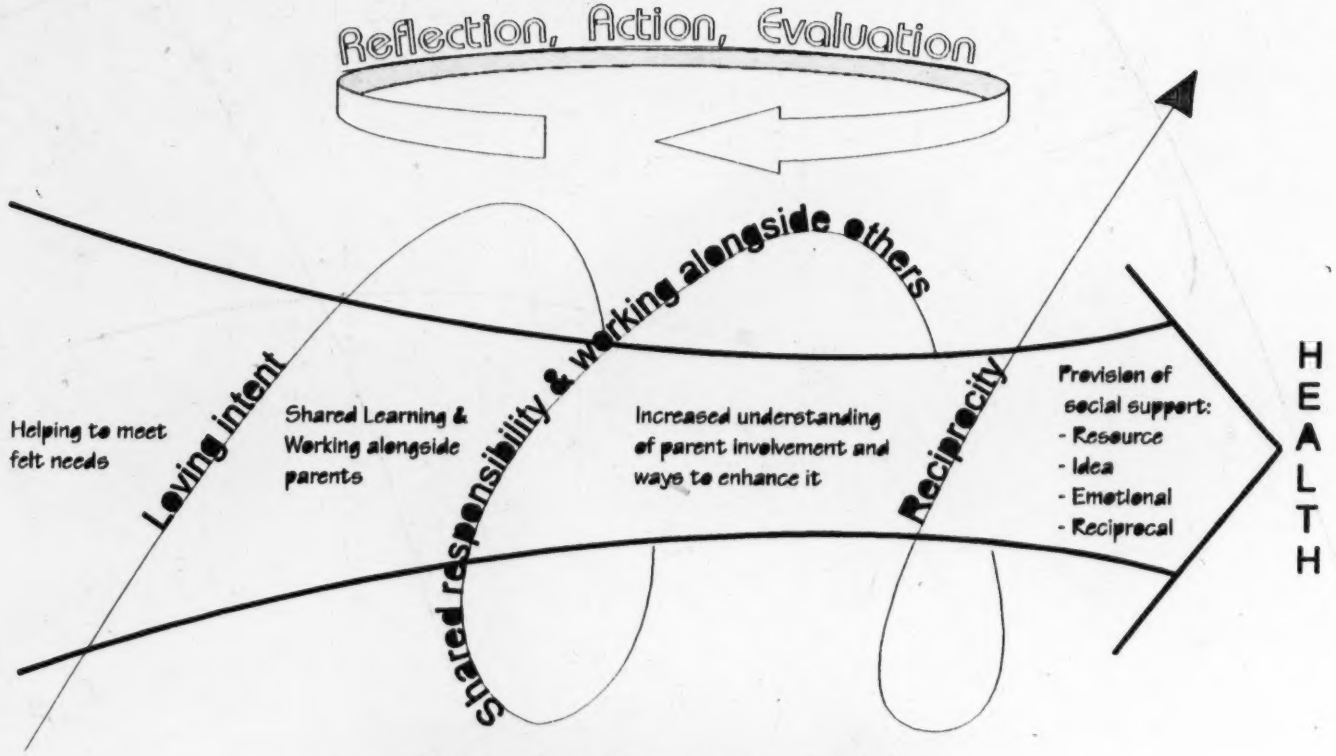

Figure 1. NEIGHBORS CARING FOR NEIGHBORS: AN EMPOWERING PROCESS OF HEALTH PROMOTION.

Section A: Getting Started

In this section, some of the initial decisions and actions in forming the parish/school partnership are described. First, two actions the parish took (parish restructuring and the writing of a mission statement) are outlined followed by an explanation on how the parish would define success. Second, several factors are described that contributed to the partnership getting started. Concluding the section are reflections on the significance of those various areas to the partnership and this research.

Restructuring

It was in the early summer of 1996 that the decision to partner with Gibson Elementary was made. Upon making that decision, some important actions were taken by the parish to make the partnership a reality. First, the parish made several changes to their organizational structure. For example, prior to the start of the partnership, the congregation had been involved in a number of different community programs. Instead of adding the partnership as yet another project, church leadership decided to reduce all programs and establish only two foci for community involvement. One focus was continuing with a children's club similar to a Girl Guide or Boy Scouts program. The other was to engage in a partnership with Gibson Elementary. By doing so, more time, energy, and resources became available for the two programs.

Writing a Church Mission Statement

The second thing that occurred early in the Fall of 1996 was the writing of a church mission statement. The statement read that the goal of the church mission was to "help meet the felt social needs and the real spiritual needs of people in the community" (Church Newsletter, September 1996). Writing the statement created dialogue amongst church members about their own perceptions of community involvement. It helped provide direction for the partnership while also leaving

room for discovering exactly what that would come to mean to the church and neighborhood:

> Helping to meet the needs of our area is the overarching goal. A sub-goal would be to help the children succeed because that does help to meet the felt needs of our neighborhood. And another goal under that could be increase in nutritional intake of children so they can concentrate and learn. So if you take that a step up you're helping children succeed. If you take that a step up you're helping to meet the needs of our neighborhood. (Mathew, February 28, 1997)

Defining Success

Getting started in the initiative was also marked by our deciding how success in the partnership would be defined. By doing so, a tone and direction for the project was established. With regard to defining success, it was fundamental to the group that we entered the partnership with an eye to letting the process unfold. We believed that relationships would naturally be built as a result. Change would be fostered according to the needs of the community rather than by us predetermining what they were and how they would best be addressed.

> We are about being involved in a process not about outcomes. Questions will emerge throughout this year rather than specific outcomes. If you have too specific goals or outcomes at the beginning, you can find yourself not paying attention to process. But if you operate by principles, like believing it is important to meet felt needs, then you will pay more attention to process. (Mathew, November 18, 1996)

It was our belief that the people themselves (i.e. parents, school staff, children) would affirm or disconfirm our presence through the relationships we built and through them telling us of their perceptions of our involvement:

> We'd probably get stories of relationship building. People saying I met so and so from your church who is involved in our school. Because of their involvement my kid was getting better nutrition through the snack program. Or, I had more free time and I got involved in the snack program. (Ken, March 8, 1997)

Defining success would be more about relationship building than about ensuring we had clearly defined outcome measures. It was about all of us, the parish group and the school, working together toward change:

> Overall, it is a difficult thing to measure whether there has been success or not. Aside from the whole question of documenting all this and generally knowing what we are there for, there is a sense that maybe it doesn't matter whether we can measure it or not. The point is that we are involved. I mean it is important whether or not what we are doing is effective or not, but the point isn't to achieve some goals or reduce the incidence of single parents in the neighborhood. The point is for us to be involved. (Ken, March 8, 1997)
> The community of the school will affirm our involvement in terms of how we are being neighborly and what that should mean. At this stage of the game we may think neighborly means this (motioning his hand to one side) and then find out in a while that it doesn't. So, we just continue to go. (Mathew, November 18, 1996)

Finally, part of us feeling success in the partnership had to do with what we and other parishioners would come to learn or gain from the project, that inherent to any relationship is a mutual exchange that would lead to growth for all individuals involved:

> I've always thought too that we have our needs met as well, and that our church learns about our community, people in poverty, what people out there really need. (Ken, March 8, 1997)

As a result of our being process-oriented, our discussions focused on helping each other make implicit assumptions about our involvement explicit. In that way, we were able to more fully capture what our intentions were and the meanings behind our involvement. In essence, we spent a lot of time reflecting or "philosophizing" about our involvement which ultimately was essential to our coming to know how to act. Such an approach to involvement was at times not well understood or accepted by some in the core group. There were various points in the year that frustration was expressed over the time and energy such philosophizing took. To some, the process we were engaged in meant that

initiatives were either slowed down or not started at all. In hindsight, however, all the core group members spoke of that process as being fundamental to the partnership. It helped us understand our relationship to the school, rationale for our actions, and direction for decision-making:

> We now have a foundation as a group of what our goals are. We could find ourselves at a completely different standpoint where we have all these volunteers and we could have gotten into things that we weren't completely comfortable with. I think it is much better the way we did it, where we definitely laid our foundations. (Hannah, March 6, 1997)
> Well, I'm really glad that we went through that process because I understand how important that process was now. I'm really able to answer questions of who you are. (Evelyn, April 16, 1997)
> We've made decisions that we spend money on things that are helping to achieve our goals. And that really does help to make the decision. We spend money on a parent lounge cause it very much fits into our philosophy of parent ownership in the school. Really hammering down our philosophy has helped make those decisions. (Ken, March 8, 1997)

Initial Contributing Factors

Several factors were important to the formation of the parish/school partnership. Some factors represent assumptions the parish had upon entering the project. Other factors involve actions the parish took. Others describe the importance of context to getting started. Five factors are outlined: the parish belief that the school is the hub of the community; the parish belief that the church is an institution in the neighborhood that has an important role to play in promoting the health and well-being of individuals and families; the right timing for such a partnership; the importance of networks; and the milieu of the community and school.

A Belief in the School as the Hub of the Community.

An essential belief that the parish held with regard to getting started was that the school is the hub of a community. It was seen as an institution that touches most children and their families. Therefore, it was also deemed as the most natural

and nonthreatening place within a community to help meet some of the felt needs of people:

> This is where again I see the school who has a natural responsibility. I see it as the center, the hub around which we all partner because it's the most natural partnership and because every child goes to school. Every child does not go to church (Mathew, December 13, 1996).

Partnering with a school was seen as a manageable way for the parish to tap into the concerns and issues of the neighborhood. In other words, it created some boundaries for establishing relationships and for working on initiatives that would help promote the well-being of those in the neighborhood:

> We've just targeted the school as a way of being involved in the community...but it isn't the vast community. It is a little sector of the community. I think it is hard to target 'the community' cause it is so varied. (Hannah, March 6, 1997)

In many ways, holding to the assumption that the school was the hub of the community was to also assume that others in the neighborhood would agree. It was not clearly understood from the start, however, whether others (both parishioners and other community members) would see it as a hub, a safe place for them to gather and from which to work. It only became more known as the process unfolded what may preclude others from working together within the context of a school. In terms of getting started, it was still agreed that the school was an important place to start:

> No matter how weak the hub, how weak the spokes on the tire are attached to the hub, it doesn't change the fact that it is a hub. (Mathew, December 13, 1996)

A Belief in the Church's Role in Promoting Health and Well-being.

The second factor to forming a partnership was a parish belief that the church had a role to play in promoting the health and well-being of people in their neighborhood. The metaphor of 'pushing back darkness' in order to expose light

was heard on a number of occasions by those in the parish group as a way of describing their rationale for parish involvement in the school. To those in the parish group, 'pushing back darkness' reflected a theological perspective that stated the church needed to take a holistic approach to well-being which would integrate the spiritual and the social. In other words, 'pushing back darkness' meant that those in the parish would help care for people in a variety of tangible ways. It was not about them proselytizing or recruiting:

> We have a goal. It is to honor Christ. We recognize that we honor Christ when we push back the darkness and pushing back the darkness can mean restoring families. It can mean keeping kids out of trouble. It can mean helping kids have a better chance in life. It can mean a multitude of social issues. Pushing those things back because the social and spiritual are so interwoven. (Mathew, December 16, 1996)
> I think pushing back the darkness is allowing for God's love to come into the lives of people. And whatever that darkness is. Darkness can be a lot of things. It can be economic, social, spiritual ...and it's not pushing back the darkness so that we can hand tracts out and get people to church. (Ken, December 13, 1996)

With regard to the church's role in the school, the parish group was very sensitive to the fact that it was a religious group becoming involved in a public institution. For whatever reasons, there was a recognition that the Church is not viewed by all people positively and in fact, the parish group anticipated that there may be some opposition to our involvement in the school. Therefore, in anticipation that people may be suspicious or unsupportive, various members of the parish group brought those concerns before people like the principal, the school board assistant to the superintendent, and later the PAC parents in hopes of creating some dialogue around the issue and checking our perceptions with theirs. As it was, no opposition was expressed. In fact, initial comments from the principal and school board superintendent were very positive and helped the parish partnership move forward.

Right Timing.

The fact that the timing was right for such a partnership to form seemed important to our getting started and thus warrants some mentioning. In terms of timing, being able to successfully form a partnership involved a philosophical dimension, a political dimension, and a personal dimension. Philosophically, it was the belief of those of us in the parish group that the Church was just coming out of a Modern era into a Postmodern era that in itself was shaping how the Church could be involved in society. Namely, the Modern era was one where the Church seemed to have had less of a voice and therefore less of a say in the issues impacting the health and well-being of our society. In the current Postmodern era, with its move toward multiple meanings and expanded explanations for existence, it was perceived by us that the Church was beginning to be viewed differently. It was being seen as another voice among many that would be acknowledged and accepted. Holding to such a belief gave those of us in the parish confidence to move forward in the partnership:

> In a postmodern world we all come to our work upholding a particular worldview. I may be a Marxist, an atheist, a theist, an existentialist. Who can judge which person is allowed to have a voice or enter into the lives of others? The difference in a postmodern world is coming to acknowledge our bias. Only when we do can we honestly and with integrity come to the table saying who we are. Only then can true concerns of others be expressed. To share who we are relative to our truth claims is in my opinion, not so wrong. Dialogue must mark such a pluralistic society otherwise there becomes an intolerance of those who purport that that there is absolutely no truth which is equally as damaging as "religious" people claiming there is some truth to be found. (Matthew, January 26, 1997)

With regard to timing, there was a political dimension to our being able to get started in the partnership. Namely, there was an openness at many different levels (government, school board, and local school administration) for such partnerships to form. Consequently, the school board of which Gibson Elementary

is a part, developed policies that supported such partnerships. For example, recent statements put out by the school board suggest that the aim of school involvement programs is to develop dynamic, cooperative, and exciting partnerships with community members. Such partnerships would help enhance future education, provide support and encouragement, and help to develop positive feelings about the community. Having such a philosophy already in place helped move our partnership forward:

> I think a lot of it (acceptance of parish/school partnership) has to do with the school board policy in this area. Just their requesting that schools be more involved in the community, that the schools look to community for support and resources. (Catherine, February 28, 1997)

There was also a personal dimension to our involvement. Namely, that the anticipation by the principal and teacher liaison of us becoming involved was favorably seen as a way of helping them with their workload and also with educating children who faced many complex life issues:

> I was very excited. Right away I knew that there was this whole untapped volunteer base of people that could get involved in all kinds of areas of expertise that we don't have at the school. (Evelyn, April 16, 1997)

The Importance of Networks in Establishing Trust.

Networks were an important part of establishing trust and, therefore, getting the partnership started. One such network was between the parish minister and a school board trustee for the area. Prior to the start of the initiative, they had had several conversations whereby the trustee had encouraged the idea of forming such a partnership. Another was with a parishioner who had been a trusted school board superintendent for Gibson Elementary. His endorsement of the partnership also helped to establish credibility. Another important network that helped establish trust was a friendship connection between the teacher liaison (Evelyn) and some members of the parish group. The importance of those initial networks are spoken of in the following quotes:

> Knowing some of you in the core group was very important. I knew your background and your intentions in working with the children. If any questions arose about you it would be very comfortable and easy to talk to you about it. Whereas working with another organization that I don't know would have required me doing more research to find out what they are really there for. (Evelyn, April 16, 1997)
> At first Evelyn brought the idea (of the parish partnership) before me. I thought that was neat cause it was a personal contact. It wasn't strangers coming to the school saying this is what we want to do. There was already some sort of relationship there with Gibson. So when Evelyn came to me I knew that you probably knew something about the school and its needs. My impression was that you already knew what you are getting into. And you had chosen us for a reason and that was important to me. (Catherine, May 6, 1997)

Community and School Milieu.

Community and school milieu were also seen as contributing factors to helping the partnership move forward. In other words, there was a certain milieu created by the principal and community that seemed conducive to us forming a partnership. It was one that encouraged a process-oriented approach to the partnership, an approach that resembled how we saw ourselves being involved in the school. Therefore, instead of having parents or staff demand clearly defined goals and objectives from the start, there was an acceptance that those things would emerge as we moved forward in the year:

> I think they are fairly laid back in that respect (having clearly defined goals and objectives from the start) and not too anxious about having all that right up front. Other communities would want to have all their ducks in a row before anything is said or done (Catherine, May 6, 1997). You need to have that process. You don't want the first day to write it all up. The process is so much more meaningful when it has evolved as it did. (Catherine, May 6, 1997)

Another aspect of school milieu which seemed important was the fact that many of the teachers also believed that educating children, particularly in a high-need school, demanded that they and others deal with social issues impacting on

the children's education. In other words, education and the social could not be separated. Therefore, there was a lot of support for a group like ours coming into the school to help meet some of the felt needs of the community:

> Children don't learn if their other needs aren't being met. So teachers here are pretty much aware of that and recognize that and are willing to spend some time dealing with those things. (Catherine, May 6, 1997)
> I just can't teach and reach those children. I really feel that I need to know what is happening in the community to understand how I can better meet their needs. If we can't help meet some of those needs as a school, then what are we doing? (Evelyn, April 16, 1997)

Reflections

As is evident in this section, many factors contributed to the formation of the parish/school partnership. Establishing a focus within the congregation for parishioners to put their time and resources into was important to ensuring that enthusiasm and energy for the initiative was maintained. Writing a mission statement for community involvement helped create dialogue amongst parishioners about their perceptions and beliefs concerning community work. As a result the partnership moved forward in a direction that reflected the grassroots perspective of the congregation. Demonstrating a commitment to a process-oriented approach in the partnership was particularly helpful in ensuring that knowledge gained and changes made were in keeping with the natural growth occurring throughout the partnership. It enabled us to approach the partnership as people wanting to learn rather than as people with the answers. That being said, it was also important to recognize that some communities may be more receptive to such an approach than others.

With regard to initial contributing factors to starting the partnership, defining the school as the hub of the community enabled the parish to become involved in the community in a tangible way. It provided boundaries in which to work and a means to establishing relationships with other community members. It

also brought about important dialogue concerning the role of a religious group in a public institution, like a school. The perspective that the social and spiritual are interwoven seemed particularly salient in providing parishioners with direction for the project. It also pointed to the importance of a parish coming to understand their underlying philosophy with regard to such partnerships. The decision to form such a partnership and the direction it takes would depend on it. It was suggested that timing was important. The fact that the Church seems to be gaining a new voice in our society not only created confidence for First Church to become involved at Gibson Elementary, but it also pointed to the importance of the Church becoming involved in dialogue to further establish how it can contribute to our society's health. Such dialogue would also help to ensure that organizations, like the local school board, remain open to forming partnerships with parish groups. Finally, establishing networks with various individuals was an important part of establishing trust and credibility for the partnership. It demonstrated that taking time to build rapport and openly communicate is essential to developing an effective partnership.

Section B:

Neighbors Caring For Neighbors: The Philosophy

Having outlined some of the initial contributing factors to establishing the partnership, I will now describe in this section other aspects of the parish process. In the initial stages of the partnership, it was not totally clear what our involvement would look like. Early in the partnership what we began to see was the need for us to reflect more fully on who we were in relation to the school and our community. By doing so, the knowledge gained helped us formulate a philosophy of involvement, which propelled us forward in our actions, and were reflected in the changes made throughout the year. That philosophy and what it came to mean to us will be described.

Early in the partnership, those of us in the core group began to discuss how we could most effectively be involved in the school. As it was, a lot of our discussion began to focus on defining our relationship to those in the school and neighborhood. A key question became, who are we? Although we recognized that we were a "religious organization" coming to partner in the school, there was another dimension of our relationship expressed by our being neighbors that became very important to our identity. The fact that we were part of a local parish and that many of the parishioners lived in the area became integral to us understanding that our position in the school was different than that of others involved in the school (like agencies or other volunteer groups). It became seen as a natural extension of who we should be in the neighborhood:

> In the depression neighbors brought each other soup. If you didn't have soup you were brought soup. It was just a natural neighborly thing to do. But we've gotten away from that in our neighborhoods. So when we see a little child that doesn't have a lunch we don't know that we can just bring that little child some soup. We are just doing a very normal neighborly thing. (Mathew, November 12, 1996)

We began to articulate how we may be different from agencies or other groups involved in the school. For instance, agency involvement was seen by us and by others as helpful at a certain level. It was also seen as an unnatural means in our society of helping others fulfill their needs: a means that often resulted in an "us/them" split, dependency, and ultimately disempowerment.

> I think that there is real controversy in this community about how many agencies there are that are available to help...there are so many agencies for the families that some of them have gotten used to that and don't necessarily take responsibility to do it on their own... I think that's the difference between what you're doing and an agency. I think the agency is sometimes a one shot thing. They come in and go. They don't stay. (Catherine, December 13, 1996)
>
> I don't think the parish should be perceived as another agency coming into the school. No, I think that you are neighbors and that is good. (School board Assistant to the Superintendent, November 28, 1996)

Similarly, some volunteers who were from wealthy areas of the city had been involved in a variety of projects throughout the years. Although their work was appreciated, those of us in the parish group saw our position in the school as being more connected to the fabric of the neighborhood, a position that demanded more than "parachuting in" to do projects. A position that was rooted in relationship and commitment.

We began to articulate that our relationship to those at the school was one of neighbors caring for neighbors. Coming to understand more fully what that meant took place in our core group meetings throughout the year. Implicit in our discussions were three questions: (1) Why be involved as neighbors?, (2) How do caring neighbors act?, (3) What should caring neighbors expect? The three concepts represented in the model presented at the beginning of this chapter (e.g., loving intent, shared responsibility and working alongside others, and reciprocity) reflect the answer to those questions and give structure to this section.

Loving Intent

Implicit to this idea was the question of "why be involved as neighbors?". That was a question that became paramount to our initial discussions. As different parishioners spoke about our involvement an overwhelming pattern emerged of what I call 'loving intent' or 'altruism' as being the motivation for becoming involved. Loving intent, expressed in neighbors caring for neighbors, became seen as:

(1) A direction mandated throughout the Bible:

> The bible teaches that we are responsible for our neighbors. What that means in this day and age is another question. That's why we are doing this. We feel a responsibility to this, our neighborhood. (Mathew, October 24, 1996)

(2) A motivation deeply rooted in the Christian faith of the group members:

> We're doing it cause we're compelled by Christ and our love for him, and love therefore, there's an organic connection of the greatest commandment that loving Him means loving our neighbors. (Mathew, December 16, 1996)
> Do unto others as you would have them do unto you is one of the first things that comes to my mind...I believe being involved is just part of what you believe, your Christian faith (Parish Volunteer, March 3, 1997).
> We aren't doing this to be recognized as a success story. We are doing it out of love. (Parish Volunteer, October 21, 1996)
> We are workers but we are filling in out of love. (Hannah, October 21, 1996)
> The focus is not on bringing people into the church, but to focus on caring. (Parish Volunteer, March 11, 1997)
> I think that my gift to these kids has nothing to do with reading to them. It has to do with interested and committed individual loving. (Parish Volunteer from Reading Program, March 16, 1997)
> I think our whole underlying motivation is rooted in an altruism. I mean, I'm doing this because I feel internally called by God to care for people, for my neighbors. (Ken, November 28, 1996)

(3) Part of the natural flow of the Christian faith. It was not a "cause" or an impersonal "project" but something that came from the essence of who we were as Christians:

> This (the partnership) is part of a whole philosophy of life whereas with an agency it's a job, it's what you're doing. It's not the whole life of the person being put into it. (Ken, December 16, 1996)
> This is not a cause. Christ calls us to do this stuff and we are compelled and we love it. (Mathew, December 16, 1996)
> It's part of our life, the natural flow of life. (Mathew, December 16, 1996)

(4) A specific "calling by God" for those at First Church:

> This really isn't our vision. (Mathew, December 16, 1996)
> It's like He (God) has the goal. Like He is directing this. (Hannah, December 16, 1996)

(5) An expression of what the church believed God wanted us to be doing to help care for the poor or disadvantaged of our society. There was a belief that throughout the Bible God demonstrated how He desired to use people to ensure that the poor were cared for. Doing so would not only involve provision for tangible needs but it would also involve people helping to secure justice for the poor. Believing the Church has a special mandate to care for disadvantaged groups was reflected in readings that the minister had given to the core group at the start of the partnership:

> We need a real conversion from thinking just about ourselves to following Christ's clear commands throughout Scripture to take care of others. God cares so we must care...The idea of compassion for the poor is quite central to our faith. We learn from the Bible that God provides for the poor (Psalm 68:10), delivers the poor (Psalm 72:12), secures justice for the poor (Psalm 72:12), hears the poor (Job 34:28), shows no partiality against the poor (Job 34:19), protects the poor (Psalm 12:5). We are called to be ambassadors of this kind of God, and as such, we are called to stand up on behalf of the poor. To do less is to falsely represent the character of God to the world (Aeschliman, 1996, pp. 31-32).

As we reflected on loving intent as a motivation there were questions whether such motivation was possible. In other words, were we being delusional about our own motivation, and is it truly possible to be altruistically motivated to do anything? As reflected in the following statement, some saw loving intent as essential to building a sense of community or neighborhood and thus to our partnership:

> I can't see how community can exist without altruism. What else would keep it together? The other side of altruism is that people are doing this out of their own selfish reasons or gain. This just wouldn't work if that was the case. (Ken, November 28, 1996)

Interesting and provocative conversation was sparked from comments like that one. Namely, what did being unselfish within the parish/school context really mean? During that time the parish minister began to study the theological position on unselfishness as it related to Christian life and specifically to the parish/school partnership. Ideas about the Biblical position began to be expressed in a number of sermons and also impacted how the parish group approached the question of whether loving intent is even possible. Expanding on a quote taken from the Bible ("It is more blessed to give than receive" Acts 20:35) the parish group expressed a belief that the Christian faith and any acts of love coming from that faith are based on the premise that doing such acts will ultimately bring that individual the greatest amount of joy or fulfillment. In that way, doing those acts are ultimately selfish. Possessing that kind of selfishness, a selfishness directed toward bringing about the most good for others, must underlie any altruistic act if it is to be truly loving in nature. Otherwise, one really would run the risk of being delusional or living in a state of contradiction.

Shared Responsibility and Working Alongside Others

The second aspect to neighbors caring for neighbors was shared responsibility and working alongside others. The question implicit in that concept

was "how do caring neighbors act?". At the beginning of the school year there was tension expressed within the core group meetings concerning the church partnering with the school and what our involvement could potentially mean to the staff, children, and parents. In other words, there was a lot of concern expressed whether the parish involvement would be empowering to the school community versus patronizing or disempowering. A concern was that the parish group could go into the school and "do programs" and potentially negatively impact those at the school by making them feel less in control of what was occurring, less able to do things for themselves, and reliant on the parish for meeting needs.

The question became how can a parish group ensure that they do not become patronizing and actually do more harm than good? What we came to believe was that building relationships and working alongside others in the school would be essential to an effective partnership. How that was achieved was by our resolving that we work toward involving other neighbors, namely the parents of school children, in all our initiatives. In that way, we would all come to have ownership in what was occurring through our partnership at the school:

> It is important that parents know we aren't coming to take this over, but to involve them. (Hannah, September 9, 1996)
> We need to look at empowering people in the system instead of just meeting their daily needs. That is why I am committed to parent involvement. We must make it theirs not our program. (Mathew, October 8, 1996)
> We aren't saying parent involvement is a program. It is a principle that we'll have one eye on that principle and one eye on what we are doing. When we are doing the snack program, we are glad to be feeding the children and we are glad to be doing what the school is asking us to do, but at the same time we are conscious of who the parents are. We celebrate every new parent that comes and we give specific instructions to our church volunteers to care for those parents like crazy, get to know them, encourage them, see them as primary. (Mathew, October 10, 1996)

Part of articulating our philosophy of parent involvement was our coming to understand what our assumptions were surrounding parental responsibility in

the school. Some of the assumptions concerning parent responsibility that came to be recognized were that: (a) parents need to be involved in their children's education; (b) that there is a societal expectation that parents help ensure that their children are adequately prepared to be educated (i.e. that they are properly fed, clothed, supported); (c) that parents should be able to express what they feel is needed to support healthy children and families; and (d) that some parents are disadvantaged in that they do not necessarily have the ability to express their concerns (i.e. they are disempowered) nor do they have the means to meet some basic needs of their children:

Implied in those assumptions was a belief that parents indeed do have a responsibility to care for their own children. That, in fact, it is not the task of the parish (or any other group) to assume those responsibilities. To do so would be patronizing and ultimately disempowering. Also implicit to those assumptions was that we can not expect parents to fulfill those responsibilities alone. Rather, it was our task as caring neighbors to help others in our society fulfill such roles:

> We want to encourage parents to be good parents and part of that is to say 'be involved in the school'... so if we can help parents to be involved in their children's school we've empowered them to fulfill their role of parenting. If I started to run the school, Catherine (the principal) would feel very disempowered. She would go 'this is my job and feel very horrible that I'm doing her job'. And I could be very well meaning about it. In the same way, I can't come in (to the school) and take responsibilities of parents and do parenting. I need to help them be parents. And that's not a bad role. We want to make sure that parents are naturally fulfilling their responsibilities. That's why we want them involved. And we don't want to shut them out. There are only so many positions being involved in the snack program. And it's not a good thing if there are all church volunteers doing that. We want to be able to say this is parents and neighbors doing it. (Mathew, February 28, 1997)
>
> The best way for us to be responsible neighbors is to help people help themselves. It is not our responsibility to feed our neighborhood kids, but it is our responsibility to help each other fulfill that role...Neighbors say 'I'll help you when you're down. You help me when I'm down'. This makes it

> a far less patronizing view than we'll do it all for you, or 'work harder and you'll be OK'. (Mathew, October 24, 1996)

Reciprocity

The third idea to be discussed with regard to what it meant to be neighbors caring for neighbors was expressed in the notion of reciprocity. The question implied in this concept was: "what should caring neighbors expect?". According to the Merriam-Webster's dictionary (1989), reciprocity means "existing on both sides; mutual, expressing mutual action" (p. 608). In the first few months of the partnership there was considerable debate around the notion of what we should be expecting from others at the school. For some core group members, promoting reciprocity was essential to ensuring that our involvement be empowering:

> We must promote the idea that service goes both ways. This dispels dependency. There is rich reward in giving that they need to learn. (School board Assistant to the Superintendent, November 28, 1996)
> When you don't have reciprocity you are still a giver. (Hannah, November 12, 1996)

For other core group members, expecting reciprocity or anything in return was seen as being contradictory to our motivation to be acting out of loving intent:

> In my view we do it as neighbors because that's what humans do. Ultimately we don't need any reciprocity because it is the human thing to do. We care for people. We just care for one another. (Mathew, November 12, 1996)

As the year progressed, however, the importance of reciprocity became more clear. It was seen as a natural extension of building relationships and working alongside others, something necessary if a relationship is to be authentic. Therefore, it became something that the core group wished to foster. Coming to understand how that could be done was and continues to be a challenge. As it was, promoting reciprocity did not become a goal to be achieved. Rather, it was seen as an important outcome of the parish intention to build relationships and work

alongside others. By our doing so, it became our hope that others in the school and neighborhood (parents and children) would also become involved in giving back to others in the neighborhood:

> I guess there is reciprocity in that we are expecting that the other neighbors will also eventually come alongside us and be a building block in making our neighborhood a better place. (Mathew, November 19, 1996)

Besides helping to make the neighborhood a better place, there was also an aspect to reciprocity that the minister spoke of which had to do with the value or joy parishioners would receive by just being in relationship with others at the school. Although not a physically tangible gift, the joy or sense of fulfillment that the parishioners would experience through their involvement would become part of what they received back from those at the school.

Reflections

Coming to understand our relationship to the school as neighbors caring for neighbors was important in several ways. First, it helped us clarify our motives for working in the school. Through that we were able to provide an explanation to people as to why we were involved. It also illuminated the importance of possessing such intent for the ongoing survival of a partnership. In other words, loving intent may be a key factor in volunteers, like parishioners, effectively working in a school over the long-term. Second, it created direction for the partnership. It set us on a trajectory of building relationships and involving others that became important to what was accomplished in the partnership and ultimately for establishing that the partnership could be health promoting for children and families in the community.

In spite of our becoming increasingly committed to the idea that we were neighbors caring for neighbors, we also faced the question of whether such a philosophy can still be useful in our Canadian society. That question stemmed from a recognition that our society seems to be moving away from the idea of

neighborhood as a place where needs can be met and issues addressed. We realized that, for the most part, the lack of Church involvement in caring for the issues of its neighborhood also reflected that societal move:

> Our modern transience breaks those ties (neighborhood ties). We have some webs through various means like our children's hockey or our work. But that community or sense of neighborhood is missing. In many ways churches operate out of this modern paradigm. And the problem is that our churches have moved out of their neighborhoods. (Mathew, December 16, 1996)
>
> There is nothing that propels us anymore to be neighbors with our geographic neighbors. We are pulled towards our communities of work or our communities of common interests in terms of belonging to a bowling club or collectors of hockey cards. But geographic neighborhoods, there is not a lot that pulls us toward that. There is a lot pulling us away. mega stores pull us out of our communities to go shopping. The movie theaters and malls pull us away. And even the mega churches pull us away. There is also no need for us to rely on our neighbors. If we need protection we go to the police. If we need income support we go to social services. Even if we are faced with a storm or something you might rely on your neighbors, but there are still other services. It just isn't like it used to be when you needed your neighbor not just for a cup of sugar but for all kinds of things. (Ken, March 8, 1997)

One of the parish volunteers, an immigrant to Canada, also spoke of the change she experienced in coming to Canada and how being a neighbor seemed to be a natural part the culture of her country of origin but something lost and missed in Canada:

> Being from another culture we are kinda, you know used to looking after our neighbors. After living here 21 years you sorta become more like 'mind your own business'. This goes against what I was raised with. Be looking out for each other. Try to see the needs in each other. It is very common over there that if the neighbor doesn't have sugar you just run to the neighbor and borrow a cup of sugar. And the next day if you don't have rice you run over to get that. It is just a common thing over there. As a Christian I see that the basis of Christianity is to be looking out for your neighbors. To me that means in your own area instead of looking outside...It's a good thing that the church is trying to bring back those values and refocus. (Nancy, Parish volunteer, March 11, 1997)

As was expected there were no easy answers nor solutions to our debate. Rather, through our exploration we were able to more fully capture the complexities of our position within the partnership. In spite of the obvious trends of our society, we were compelled to move forward in our philosophy of neighbors caring for neighbors based on our own observations, other people's comments, and convictions that arose from various readings:

> Well, in a sense maybe communities are changing and we aren't yet at a point of understanding how our communities are going to exist in the next century cause we don't know. But people will still be living somewhere and likely, with other people. And they may be working with people across the world but they will still have that sense of place. Neighborhood will always be there. And we'll still have that choice of whether you reach out to people around you or not...and so in that sense maybe we are being a little retro. We're trying to set up something that existed 100 years ago in terms of a neighborhood church but to me it is a choice that has to be made all the time regardless of the time in history. (Ken, March 8, 1997)
>
> I think that people are recognizing the need to get back to the closer knit neighborhood and needing to know neighbors to get support. I think we have gotten away from that but people are starting to realize that that is important. So, I think this is timely that we are trying to do that. (Catherine, May 6, 1997)
>
> In contrast to the more traditional communities, the deliberate communities of modernity are established on the fragile basis of accident, common interests, and utility. Commitment to one's neighbor is less if that neighbor is temporary, belongs to a different church, and pursues different interests and occupations in locations far removed from one's own. The isolation of urban life, the insulation of neighbor from neighbor, and the undermining of common purposes by the plurality indigenous to the city contribute to the feeling of indifference. If the neighbors do not belong to the same groups as I, if they are not from the same part of the country, did not attend the same schools, and have no friends in common with me, then why should I care? What do their lives have to do with mine? If, as Aristotle observed, the good citizen is inseparable from the good community, then the breakdown of traditional communities also represents a breakdown of the morally committed individual. (Ford, 1990, p. 34).

Section C:
Neighbors Caring For Neighbors: What Was Accomplished

The idea of neighbors caring for neighbors became the way in which the parish group defined their relationship to those in the school. It came to mean we would be motivated by loving intent, encourage shared responsibility and working alongside others, and support the notion of reciprocity. It is those three aspects of neighbors caring for neighbors that served as the philosophical foundation for the actions of the parish group and subsequently the accomplishments of our partnership in the first year. In the following section, those accomplishments will be outlined: helping to meet felt needs; shared learning and working alongside parents; increased understanding of parent involvement and ways to enhance it; and provision of social support. The following accomplishments represent both what we did and what we continued to learn through our actions..

Helping to Meet Felt Needs

The parish became involved in a number of ways to help meet some of the felt needs of children and families at the school. I will describe in some detail those initiatives. Importantly, in this research I chose to focus my efforts on our involvement with parents and the PAC group. Therefore, the following section is reflective of a more surface-oriented description of what occurred.

The first initiative that the parish became involved in was helping to coordinate the school snack program. The snack program had been part of Gibson Elementary since 1979 upon the principal becoming concerned over the number of children coming to school hungry. His concern led to the start of the program with funding by the school and a local non-profit club. In 1985 the club stopped the funding and it was assumed by another city-wide organization with a mandate of dealing with social issues of the poor. As it is, that organization continues to

provide funding for the program and various other such programs throughout the school district.

From its inception, a program aide from the school had the responsibility of coordinating the program. Doing so involved getting permission from parents for children to be involved, preparing daily nutritious snack menus that are in accordance to the recommendations of the funding agency (both nutritiously and financially), grocery shopping for the snacks, and recruiting parents and other community members to help prepare snacks and distribute them to the children. Over the years, the program aide reported that parent involvement in the program has been inconsistent. Therefore, much of the responsibility for the program rested on her shoulders along with some other staff from the school. According to her, no parent had ever volunteered to help coordinate the program.

Last year, upon the request of the principal, the parish was asked to help coordinate the snack program. Hannah became snack program coordinator and parish volunteers were solicited to help set up and distribute daily snacks. Importantly, the parish principle of having parents involved alongside us in initiatives, so that the program would become a mutual accomplishment rather than a parish-run initiative, was upheld by partnering parishioners with parent volunteers.

Becoming involved with the snack program was important in several ways. First, it was an initiative in which the parents and school staff asked for help. By demonstrating competence and commitment in something they saw as a need, trust and respect for the parish was established. Second, it became an ongoing initiative that the parish could rally around and whereby our presence in the school could be felt on a daily basis. Third, it served as a springboard for further discussion about parish philosophy, parent involvement, and logistical issues concerning parish organization and role definition within the core group. Finally, it reflected the

desire of the parish to become involved in initiatives that helped to address some of the social issues within the neighborhood.

The next initiative that the parish became involved with was again in accordance with the request of the school. It was helping to coordinate the Christmas banquet. The school staff and parents saw the Christmas banquet as an important time to provide disadvantaged children with the opportunity to celebrate in traditional holiday festivities which included the provision of a Christmas dinner. Three women from the church became involved in coordinating the food and volunteers for the dinner which was provided to all the school children and staff. Again, the core group requested that the parish coordinators ensure that parents from the school be involved. Names of parents who had helped in the past or who had indicated their interest in a survey conducted earlier were contacted. As it was, both parishioners and parents became integrally involved in helping with the project. They helped with such things as donating cooked turkeys, helping to cook, serving the children and staff, and cleaning the facility. Other community workers, like the local police, also participated.

Becoming involved in the Christmas banquet was important in several ways. First, the event itself ran very smoothly and comments from staff, children, and parents were very positive. That helped establish more trust, credibility, and excitement with regard to the partnership. It also demonstrated the potential that the parish had in helping to provide resources to the school. Second, other parishioners besides those of us involved in the core group and snack program, were able to participate in the school. Such exposure helped them feel more comfortable in the school environment and more compelled to help in other initiatives. Third, opportunity was provided for parishioners to meet other parents, thus moving us forward in our philosophy of building relationships and working alongside others. Fourth, more was learned by the core group members about

parent involvement. Fifth, other community workers (like the local police) became exposed to the parish/school partnership and relationships with them were enhanced.

A third initiative that we initiated was recruiting parish and parent volunteers for a reading program. According to the school staff, literacy was a major issue for children in the area. Many of the children attending the school were reading below their grade levels. Therefore, as part of an early intervention focus, volunteers were gathered to help read and be read to by children in grades one through to six. Initially, very few members of the parish responded based mostly on a slow start to the program. By the end of the school year there were approximately five parish members and two parent volunteers coming into the school on a weekly or monthly basis.

Other initiatives were implemented throughout the year to help meet some of the needs expressed by those at the school. Many of those initiatives were one-time occurrences. They included: donating hand-knit hats and mittens; buying the school a dryer; funding a school sponsored drug awareness program put on by the local police department; donating furniture for a newly established parent lounge; donating baking and garage sale items for school fundraising; and helping at the school Spring Fling (a family-wide spring carnival sponsored by the school and PAC parents). Some parishioners provided prayer support for concerns expressed by school staff and parents. On several occasions the principal provided the minister with examples of situations for which the church could pray. Importantly, names and specific details were left out to ensure confidentiality.

Other ideas for projects that may be done in the upcoming years are still being discussed by the core group and PAC parents. Some of those initiatives include ideas like helping to coordinate recreational clubs (i.e. biking, crafts, soccer, etc.). As was stated by both parents and school staff, many of the children

in the area have little exposure to participating in such activities. What often occurs is boredom and children becoming involved in activities or groups that eventually lead to inappropriate behaviors. Another idea expressed, and currently being worked toward, is to have a skilled parishioner become involved with PAC parents in learning about school funding and ways to enhance the school resource base. Their job would be to help fill out grant applications and form networks with local businesses in order to access funds. Doing so would help other parents learn new skills and it would free school staff to work on other matters.

In summary, one accomplishment of the partnership was that the parish became involved in helping to meet a variety of felt needs within the school. The second accomplishment was that of shared learning and working alongside parents. In the following section I will discuss how that was accomplished and how doing so impacted our involvement at the school.

Shared Learning and Working Alongside Parents

In the early months of the parish/school partnership we had become increasingly committed to the philosophy of shared responsibility and working alongside other parents. One way that that philosophy was expressed was by our involving parents in all the initiatives we were doing at the school. Another way was by becoming involved with the Parent Advisory Council (PAC), a group of parents and staff who met monthly. Traditionally, the role of PAC at Gibson Elementary had been that of fundraising. Recently, however, the focus of the group had shifted to providing input on program planning, budgets, policies and operation, mobilization of educational resources, and working alongside other community members in helping to support the goals of the school. Aligning ourselves with the PAC became foundational to our fostering shared learning and working alongside parents in three ways. First, it provided the opportunity to come to know parents more intimately, thus building trust and respect. Second, it

provided an opportunity for us to work together and voice new ideas. Third, it provided a forum for ongoing dialogue about our involvement.

Building Trust and Respect.

With regard to trust and respect, as we attended monthly meetings of the PAC we were able to form relationships and become comfortable with a number of parents and staff who we may never have come to know otherwise. By doing so, we were able to communicate a message that they were important to us, that we believed they were knowledgeable about school/neighborhood issues, and that we were committed to working alongside them rather than as a separate entity that received no input or direction from other important people in the school. It was after attending a few meetings that our need to become involved in PAC became clear:

> We don't want to form our own identity. We don't want to become just another agency in the school...We want to be PAC members, to report on everything from our perceptions, to where we fit in, to how we can help. (Mathew, November 4, 1996)

The importance of us becoming involved with the PAC group in helping to build such trust and respect was also expressed by some of the PAC parents and staff in the following quotes:

> I think it (PAC) is a good way to get involved with the parents because then everyone is on equal footing. Everybody has input all at the same level. It is not two separate entities. We are working together as one for the good of the school. (Catherine, May 6, 1997)
> The parents who are there (in PAC) have gotten to know you. They have become more supportive of you. I believe that when you come to PAC you have a line of communication to the school to be supported in a lot of ways. To get to know parents and what is involved in the running of the school. It was a good place for you to start. (Coreen, PAC parent, May 15, 1997)

Working Together and Voicing New Ideas.

Becoming involved with PAC created an opportunity for us to work together and voice new ideas. We were able to offer practical assistance in activities that PAC members initiated. One example was working together to organize and implement the school Spring Fling (a community-wide carnival held at the school). By helping with such an event, the idea was promoted that more could be accomplished by our working together. As well, it communicated our desire to be supportive of activities already underway at the school rather than attempting to advance our own agenda. It also allowed us to become more of a visible presence to the parents and children in the school, thus reinforcing trust and creating more awareness as to how we could be involved in the school.

Our involvement with PAC also created an opportunity for us to voice new ideas. In many ways, our own curiosity and natural need to know more information helped to foster that area. In other words, being the "new kid on the block", forced us to ask questions that helped clarify issues and make implicit assumptions explicit. By doing so, important dialogue was fostered. For instance, while talking about the possibilities of working on certain projects (e.g., building a new school playground), the questions raised by the parish group members helped stimulate discussion in new areas such as social issues within the neighborhood, underlying reasons for why a playground was needed, and potential barriers to implementing the initiative. Another example of our promoting new ideas was seen in the parish group helping other parents become involved in meeting and recruiting parents at student led conferences (an informational evening for parents regarding their child's progress that was held each semester). Up to that point, the PAC parents had not seen the possibilities of accessing parents through that avenue.

Ongoing dialogue about our involvement.

By becoming involved in PAC opportunity was created for ongoing dialogue between the parishioners, parents, and staff. Such dialogue was important in helping all of us understand our relationship to the school and how we could more effectively work alongside each other. Specifically, it helped clarify who we were as a religious organization in the school, when our involvement would become a concern to parents, and the importance of us being proximal neighbors. It also provided opportunity for us to discuss with parents and staff our involvement in various initiatives and in turn, receive their feedback.

With regard to our being a religious organization in the school, many impressions and opinions were formed over the year as parents were able to watch and experience our involvement. Because of our involvement in PAC, we were able to hear the voice of the parents over time concerning their opinions and concerns about the parish being involved in the school. As we expected, some parents were initially concerned about a religious group partnering with the school:

> I wondered, what are you doing here? I remember the first meeting very vividly. I had no idea why you were there. It surprised me. I wondered what the church's motives were for being there. Because every time a church organization becomes involved one wonders if it is to evangelize or what. (Jackie, PAC parent, May 8, 1997)

Another gentleman, although supportive of the idea, expressed his opinion as to why he thought some people may be tentative:

> People's perceptions of the church may be that there are other reasons that you are there. That you are trying to get your foot in the door. They may be suspicious. So they shut down. It might be an entirely wrong perception on their part because personally I don't see that. But maybe if you weren't a church goer or had spiritual leanings or baggage from the past of people shoving the gospel down your throat you might be suspicious. (Murray, PAC parent, May 8, 1997)

Although some parents expressed concerns, others interviewed stated that they initially were very thankful and excited about the church partnership:

> My gut reaction was that I'm thankful of anyone helping out at the school...I had no fears myself (Karen, PAC parent, May 15, 1997).
> My first response was positive. Because I am a Christian myself and it being a religious institution involved in the school didn't bother me. I thought that was a positive thing. I think the school needs a lot of uplifting help and support. (Murray, PAC parent, May 8, 1997)
> I thought it was great. Because I've been here volunteering for a couple of years already and I knew there was a real need or a vacuum for someone to step in. (Coreen, PAC parent, May 15, 1997)
> It doesn't bother me (religious group involvement). I think about it as everybody needs everybody's help. If a church gets involved that is even better. (Laurie, Parent volunteer in snack program, March 17, 1997)
> I don't think it is a wrong thing to say that there is someone above you that you can pray to. Or we are here just to help if you need someone to talk to. I think that is great. I think the big thing is to know that this is a church in the community that is available to you and is interested in helping you. (Karen, May 15, 1997)

Such comments became important in further clarifying our relationship to the school, particularly the involvement of a religious group. They not only verified that others see the Church as having a role to play, but they also alerted us to some of the factors that would make parents feel uncomfortable or unsupportive of church involvement.

There was a definite line that parents expressed that if crossed would cause them concern. Namely, parents did not want to experience the church as a recruiting organization. Our hearing that from parents created in us a resolve to continue including parents in our decision-making and processing of issues so as to ensure that parents understood our intent:

> I don't think you have to worry about what people think or what your motives are as long as you keep oriented to trying to help out with the needs of the school. (Jackie, PAC parent, May 8, 1997)
> I guess there would be a concern if it becomes a situation if a church comes in with the pretense of coming to convert as opposed to serving the community. (Coreen, PAC parent, May 15, 1997

> I think that the only issue would be if there was a perception that the church was recruiting at the school. I don't see that happening or don't think that is within the vision that you had when you wanted to be involved. (Catherine, School principal, May 6, 1997)

Other comments the parents made about our involvement with the school helped to endorse our emerging philosophy of neighbors caring for neighbors. The idea that we were proximal neighbors was important to some parents and is reflected in the following quotes:

> I think it is great that you are here. We've had other people become involved but they weren't part of our community. It makes it more special that you are just part of us. (Martha, PAC parent, November 12, 1996)
>
> I guess it is more supportive when a group gets involved who is from the same community because they understand the different dynamics. (Coreen, PAC parent, May 15, 1997)

To another PAC parent, however, the idea of proximal neighbor was not seen as being important to the partnership:

> I don't think you specifically have to be in the general residential area to help support or do something. We are all neighbors no matter where you live. (Karen, PAC parent, May 15, 1997)

Finally, our involvement with PAC provided the opportunity for us to discuss our involvement with the parents and staff and in turn, receive their feedback. An example of such dialogue was around us wanting to donate a monthly subscription of a Christian magazine on single parenting to the parent lounge. The PAC provided the forum for us to discuss the content of the magazines, the implications of providing such a magazine, and it created the opportunity for the parents to decide whether or not they would support the idea.

In summary, two major areas of accomplishment regarding the parish/school partnership have been discussed: (1) helping to meet felt needs, and (2) shared learning and working alongside parents. As a result of our emphasis on

involving parents, other aspects of parent involvement were explored. Namely, by our working with staff and parents we came to learn more about what motivates parents to be involved, potential barriers to parent involvement, and ways to enhance it. In the following section I will describe what we learned. The knowledge gained came as a result of our interviews and experience with the parents as well as through our experience with our own parish volunteers.

Increased Understanding of Parent Involvement and Ways to Enhance It

As we spent time at the school, it became increasingly obvious that the idea of parent involvement was important, but not something that was well understood by us, the staff, or parents already involved. Therefore, what the core group came to learn about parent involvement came about through our continuous and somewhat scattered dialogue around the issue. Importantly, the following ideas are not representative of all parents. In fact, it was only those parents who were already involved that were interviewed. I suggest that it would be both important and interesting research to look at this area more comprehensively. As well, coming to know the impact of the knowledge gained and changes made during our first year will only come through our continued involvement in the upcoming years. Having said that, many important things were learned that translated into further actions regarding parent involvement. Three areas that will be discussed include: motivation for parent involvement; barriers to parent involvement; and ways to enhance it.

Motivation To Be Involved

As we moved forward in the idea of parent involvement, we started to learn more about what motivates parents to be involved. Through it we learned that there are many reasons for why parents will become involved. Ultimately, involvement was important in helping parents feel more in control and positive about their child's education and sense of well-being. First, we learned that for the

most part, those parents already involved in the school did so because they felt it was their responsibility as a parent to be involved in their child's education and ultimately, in their well-being. They believed that it communicated to their children that they were important. As well, it enabled them to have a voice in how their child was being educated:

> If you want to have a say to voice your concerns and have some involvement then you have to take that initiative and be involved yourself. Involvement opens the door to the parents. You get to know the staff and what is going on in the school. You feel free to voice your concerns. When you are involved you see and understand both sides (teacher perspective and parent perspective). (Coreen, PAC parent, May 15, 1997)
> I'm there for my child's sake. To make sure we know what is going on and to get to know teachers, principal, other parents. We are interested in our children, how they learn, what they learn. When we go there I think my child feels good about school because we are involved and interested in what he is doing. (Murray, PAC parent, May 8, 1997)

Second, being involved enabled parents to keep a closer watch on their child's progress, as well as participate along with the school in helping to deal with any problem behaviors:

> Well I'm having problems with my oldest. He will say he doesn't have homework when he does. By becoming involved I can keep track of that. (Laurie, parent volunteer with snack program, March 17, 1997)

Third, parents were motivated by what they referred to as a helping personality:

> I'm the sort of person that if I have time and if there is something that needs to be done I do it (Coreen, PAC parent, May 15, 1997).
> I think that for some people it is just in their personality, to be quite honest. I like talking to people. I like helping. (Karen, PAC parent, May 15, 1997)

Fourth, some parents were motivated by a need to fill their own sense of loneliness or to help them gain a greater sense of belonging and connection:

> I was depressed. I had nothing to do. I had to get out of the house, go do something. (Laurie, parent volunteer with snack program, March 17, 1997)

> I'm new to the country. It helped me get out and meet other people. (Pauline, parent volunteer with snack program, May 1, 1997)

Barriers to Parent Involvement and Ideas of Ways to Enhance It

As the year progressed, we began to recognize some potential barriers to parent involvement. Six areas emerged: life stress; lack of resources; school intimidation; differing views on education; possessing an insider view; and inexperience with volunteerism. By our coming to recognize some of those barriers, our discussions also began to focus around possible ways to deal with them thereby enhancing parent involvement. It proved to be a very complex area. It was evident that some barriers involved many issues that would be impossible to address in totality. I will discuss each of the barriers and the actions we took to enhance parent involvement. Importantly, it must be recognized that not all our ideas translated into actions. Expressing barriers and possible solutions created a consciousness of the issues that will be important for our involvement in the upcoming years.

Life Stress

With regard to life stress, it became evident that many people in the area were experiencing stress related to social issues like poverty or securing income. As a result, there was high transience in the area or parents found it difficult to be involved in the school:

> I think they (parents) are just dealing with so much stuff. Day to day life. These are people in poverty. They are just trying to feed their family, get rent. I think they are happy to not have to worry about their kids for that many hours in a day. I think living in poverty is a very difficult way to live because you are anxious about just surviving. (Evelyn, April 16, 1997)

By coming to recognize some of the issues of poverty facing families in our neighborhood, we became more sensitive to those issues and the fact that many of them are very complex. We also realized that for some of those parents, helping them to address issues of poverty or providing support to them in new ways may

need to become a key focus of the parish in the upcoming years. By doing so, parents may ultimately become better equipped to be involved in their children's education or in providing their children with an environment that is health promoting. Ideas for potential initiatives included: helping parents cope with their children by offering parenting help; providing marital support; coming alongside parents to help them find jobs or fill out resumes; setting up a work board at the school of available neighborhood jobs; and providing baby-sitting while parents are retraining or volunteering at the school.

Limited Resources.

The second barrier to be discussed is with regard to resources. By resources I mean personal limitations (not necessarily related to poverty) that made it difficult for parents to be involved. Namely, such things as time, personal skills, transportation, and child care. With regard to time, there was a lot of discussion about the lack of time many people seem to experience. Such lack is related to securing income as spoken above and some of it had to do with busy lifestyles and lack of energy:

> You come home from work or your kids come home, you have to catch up on their homework, you make dinner, get the dishes done. By the time you get the kids bathed or make lunches, that takes up time. And then you have extra curricular activities. It's just very hard these days to get people out to volunteer. (Karen, PAC parent, May 15, 1997)
> To come home and run to a meeting at the school you are just not going to do it. Plus, I think that jobs are a lot more stressful these days and you are so stressed out from work that once you get home you don't want to deal with another thing. (Karen, PAC parent, May 15, 1997)

Some tangible ways to deal with the barrier of time had to do with our coming to recognize that volunteer time needed to be very flexible. For instance, when we first recruited volunteers for the snack program, we did so assuming that most of the people would stay involved for the entire year. We came to realize, however, that both parents and parish volunteers seemed more eager to commit

themselves to initiatives that had flexibility in scheduling or that were one-time events that had clearly defined beginning and end points. For some initiatives like the reading program or Christmas banquet flexibility was easy to accommodate. For other more structured initiatives like the snack program, flexibility was created by allowing people to name the number of times they could volunteer or by providing a list of substitutes that volunteers could call if they were unable to attend. Another way that the barrier of time was addressed was by dividing up tasks so they would not be perceived as overwhelming and time consuming. An example of that was again seen in the snack program. Instead of having one person (like Hannah) involved in a plethora of tasks, her job will be divided up into smaller more manageable pieces for the upcoming year. The fact that many parents could not volunteer during the work day was also a limitation. Attempts are now being made to include activities that occur after school hours.

Another aspect of resources had to do with the personal skills that people brought to various areas. For instance, we came to recognize that filling certain positions like snack program coordinator would require that a person have a number of life skills: skills such as organization, the ability to communicate well, the ability to plan meals and budget, a knowledge of nutrition, to name a few. Or, that being involved in the reading program would require some level of literacy. A number of ideas were expressed to help deal with some of those barriers. For instance, we began to see that volunteer education was essential in helping people learn new skills and in reducing fears. Therefore, a video series (something that would appeal to those having difficulty with written material) was made available through the school on learning how to read effectively with children. As well, the idea of connecting new volunteers with a mentor, someone who had done a similar task in the past, was proposed as a way to help others learn new skills or alleviate fears of becoming involved.

Finally, other barriers regarding resources were noted. For example, some parents were not able to easily access the school because of a lack of transportation. That proved to be a particular problem during the winter months. Such knowledge spurred the core group to discuss ways that transportation could be provided or enhanced. Similarly, child care was a problem for some. For initiatives like PAC, child care was provided. For other initiatives, like reading or the snack program, more attempts were made to accommodate parents and children by informing them that children were welcome in the school or by suggesting that there was a space for children to play (in the parent lounge).

Intimidation.

A word that often came up in our discussions around parent involvement was "intimidation". Namely, that for many parents the school is seen as an intimidating place:

> I think parents not getting involved has to do with the whole idea of intimidation, not feeling comfortable in school or confident that they have anything to contribute. (Catherine, May 6, 1997)

Many potential reasons for parents being intimidated were posed. For instance, some school staff suggested that the school may not be seen as a safe place because of "baggage from the past". Namely, the parents themselves may have had negative experiences in school and therefore were uncomfortable with becoming involved. That idea was validated by one parent who jokingly said to the principal that the only time he had been in the principal's office was to receive straps. Others suggested that differences in cultural background and in economic status of parents could be an intimidating factor. Some parish volunteers noted that the language used to describe certain initiatives was intimidating. For example, using words such as "school council" or "elected body", or "representatives" could potentially keep people from becoming involved. For one particular parent, the school was intimidating because it was seen by her as another institution that had the power to

monitor her family life and potentially report suspicions to child welfare. For others, intimidation came by being unfamiliar with the school and with the tasks they were to do there.

Coming to understand ways we could help break the barrier of intimidation was a challenge. We began to discuss ways that the school could become more parent/volunteer friendly. A significant change that took place was establishing a parent lounge. It was recognized that there was no place in the school where parents could go to rest, connect with others, or be exposed to information pertinent to them. Although the idea had already been in the works prior to our coming, our emphasis on parent involvement led us to make the parent lounge a reality by helping to supply furnishing and other supplies. It also created a space for advertising volunteer positions in the school. Suggestions were given to the staff to set up a poster that provided volunteers with information regarding school procedures like directions to various school rooms, instructions on signing in to the school, names of people that could offer assistance while they were at the school, and the availability of the parent lounge. Other ideas regarding ways to break the barrier of intimidation were offered. For instance, for next year the principal is entertaining the idea of having parent meetings at a local hotel rather than the school. Food was provided at various meetings as a way to create a friendly environment.

Another idea to help break the barrier of intimidation was to foster more effective communication between the school and parents. A method of communication that was often used during the year was through a school newsletter. There was considerable debate over the effectiveness of that method. Namely, it was reported that children would not bring newsletters home or that some parents did not read well enough to glean important information. Therefore, ideas were expressed about starting a raffle whereby children would bring back

signed slips indicating that parents had received and read the letter. Other ideas were to form more opportunities to informally network with parents so that ideas about their needs and school needs could be discussed. A number of parents spoke of the potency of word of mouth in our community:

> They (the parents) get involved and then they tell two people. Look at Spring Fling, it is when everyone is out there. At those kinds of events people see each other and they talk. (Coreen, PAC parent, May 15, 1997)
> I think word of mouth is the best way of communicating in our community. (Jackie, PAC parent, May 8, 1997)

One example where informal networking became important to helping break the barrier of intimidation was seen during our involvement at the student-led conferences. By creating a space whereby parents could informally talk about school involvement, one parent in particular was able to talk to a parish member about the reading program. Through that conversation, a number of preconceived ideas were addressed and the parent eventually started to volunteer her time with the initiative.

Differing Views on Education.

Another proposed barrier to parent involvement had to do with differing views on education. As one teacher expressed, there had been many changes to the educational system in the past years which had made the idea of parent involvement central to a child's education. It was her experience that many parents in the area still saw education and anything happening in the school as the domain of the educator. Comments from school staff were that it will take time and more communication to help parents realize the importance of their involvement and the contributions they can make to enhancing the education and health of their children:

> If you look to the old train of thought, parents did not get involved in the school. It was the job of the school to educate children. Maybe that idea is still out there in our community. (Evelyn, April 16, 1997)

The Insider View.

Another barrier to parent involvement had to do with the idea of possessing an insider view. For many school staff, their constant presence in the school made it difficult for them to see potential barriers to parent involvement and thus to know how to make changes:

> We are here at the school so much. It is just part of our lives. Sometimes we can't see new ways to make people feel more comfortable because it is hard to envision people not feeling comfortable (Catherine, March 8, 1997).
> Because I am a teacher and I am in the school all the time, I don't know how threatening it is. (Evelyn, April 16, 1997)

The fact that many of the parishioners did not possess that familiarity helped bring to light some of the issues around parent involvement. Our working together to expose such issues was important to enhancing parent involvement in the school.

Inexperience with Volunteerism.

The final barrier to parent involvement that will be discussed is with regard to what I have termed an inexperience with volunteerism. Involving parents is in essence to engage with them as volunteers and to understand what it means to manage volunteers. For some of us, experience in working with volunteers was limited. Therefore, our expectations concerning commitment, availability, and enthusiasm for the initiative were very high. As a result, some of us experienced disappointment with the involvement of certain people throughout the year. Contrasting that, was the experience of the parish minister, who by working in the church had come to learn a lot about volunteerism. He reported that his expectations concerning people's involvement were often exceeded during the school year. Coming to understand more about the nuances of working with volunteers will be an important part of our work in the upcoming year:

> I've read a lot of material on volunteer organizations. And it is hard for someone to come from the work world and switch gears to the volunteer world. It is a different ball game. (Mathew, June 3, 1997).

In addition to our own needs, staff and parents already working in the school also expressed the need to learn more about volunteerism. For instance, for the Spring Fling one of the PAC parents took on the task of organizing parents to help. Upon doing so, she reported frustration over what seemed to be an inexperience with involving others in the school. Namely, the staff and other PAC parents did not appear to know how to accommodate the new people:

> I had 11 or 12 people there to do things but they just stood around. It was like the teachers and other volunteers did everything and they weren't needed. That happened for a lot of things. I think a small group of people have gotten used to doing everything. That doesn't make a new volunteer feel very good. (Jackie, May 8, 1997)

So it was that we came to learn a lot about parent involvement. We realized the complexity. We realized that there were no easy answers. We also began to recognize the magnitude of upholding such a philosophy in our partnership. Although we were committed to parent involvement, we knew that changes would need to be made to help us accomplish that goal. Therefore, we presented to the principal and teacher liaison the idea of raising up a parent coordinator, one who could work along with the parish group in helping with parent involvement. At first, ideas were posed to have certain members of the school staff assume the position. As we discussed the issue further, it became clear to us the importance of having the role filled by a parent. By doing so, it was our hope that parent ownership and empowerment would be fostered. As it was, a PAC parent agreed to become parent coordinator. Responses to the new role were very positive and there is a lot of anticipation over how that position will come to impact parent involvement in the upcoming year:

> I think having such a role is very important. I think to initiate contact like that both ways may help a lot (Coreen, PAC parent, May 15, 1997).
> I think it is wonderful. I don't know why we haven't thought of it before. (Karen, PAC parent, May 15, 1997)

> I think that having the contact with a parent coordinator makes the parents feel supported and not alone in the task. It's such a smart idea. Having a parent contact parents brings such a different light onto it. (Catherine, May 6, 1997)
> I have a fear of having half an hour to volunteer at the school but not just wanting to walk into the school cause I don't know what to do. That's why the parent coordinator role will help. I'll have someone to talk to and ask what I should do. (Murray, PAC parent, May 8, 1997)

Provision of Social Support

The final accomplishment of neighbors caring for neighbors that will be discussed is that parents, staff, and parishioners reported experiencing increased perceived support. Four areas of support were voiced: resource support, idea support, emotional support, and reciprocal support. The following section describes each of those areas.

Resource Support.

Resource support can be defined as those tangible resources provided by the parish partnership, be they people or financial resources, that were seen as helpful in enhancing the health and well-being of children and families at the school. Many of the people interviewed spoke of feeling supported by the parish through our providing volunteers, money, and goods for various initiatives and events in the school:

> I've appreciated support for things like the snack program. There are a lot of things the church is doing to make life there better. All their contributions are beneficial to the operation and well-being of the students (Murray, PAC parent, May 15, 1997)
> I think this year what I've really seen is that you've just been helpful to the school. You've helped raise funds, ensure there is a nutritious snack. You've helped with volunteers and trying to get volunteers so we can do more things for the school. I think that that is great. We need more people in more schools that can help in that way. I think it is truly beneficial. (Karen, PAC parent, May 15, 1997)
> What we really have appreciated is the extra help. The physical manpower help (Coreen, PAC parent, May 15, 1997).

The parish involvement was also seen by both staff and parents as helping to expand the network of people available to help within the school. This enabled them to work more effectively:

> There are now extra resources to draw upon. It is not just us, but we are working together as a team. There's a feeling that we are all in this together. We're not just one or two parents trying to do this but it's a bigger network of people trying to do something good in the school. (Murray, PAC parent, May 8, 1997)
> PAC has always been small. At the beginning of the year there are sometimes just 2 of us. You don't just come once in a while but you come all the time. We need that support in the PAC cause we don't have the parents. (Coreen, PAC parent, May 15, 1997)
> The impact that you guys have had on staff is that we are happy that we have a solid volunteer base. It helps us get other work done (Evelyn, April 16, 1997).

Another important dimension to resource support was the notion that the parish involvement became a catalyst for other people from the school to become involved. The idea that volunteerism breeds volunteerism was expressed:

> Volunteerism breeds volunteerism. It is interesting to see that we have other parents who are more enthusiastic about getting other parents involved in the school. (Catherine, May 6, 1997)

Idea Support.

A second type of support spoken of was idea support. By that I mean, new ideas for enhancing the life of those at the school were generated by our being involved. People spoke about how they perceived those ideas to be helpful and supportive:

> You don't just want a couple of people's ideas or us making the decisions for everyone. So I've appreciated that support. The ideas in helping to plan. At PAC it helps to have more people to discuss things and give ideas. I really appreciate it. (Coreen, May 15, 1997)
> Everyone has contributed so much in helping and coming through with their suggestions and giving us ideas for different things. (Karen, PAC parent, May 15, 1997)
> You listened to everyone and helped with suggestions and offered your opinions. (Karen, PAC parent, May 15, 1997)

The expertise that some parishioners were able to bring to the school was also seen as a dimension of idea support:

> I thought the church is also a great resource for us in terms of ideas concerning corporate sponsorship. We are educators. We are totally clueless in that area. You probably have people in your congregation that are experts in that sort of thing. (Evelyn, January 20, 1997)

As the principal spoke of idea support, she expressed how the church's involvement had helped foster confidence in other parents to express their ideas:

> Often our parents have good ideas but they are shy or not confident to share them. I think it has helped to have other people there to bring ideas up. And the parents go yeah, that is what I was thinking too. They are more confident to ask questions. I think it is great to get new people out with new ideas and different connections. (Catherine, May 6, 1997)

As it was, questions were asked of the parents whether the ideas we offered and input we had were seen as supportive or as being negative in any way. Only one PAC parent expressed concerns. He spoke of his perception that since our involvement at PAC, some more outspoken parents had seemed to become less verbal during meetings. He was unable to articulate why he thought that might be so. Upon checking that perception with other PAC parents, none stated that they shared the same opinion. Rather, they spoke of the parish member's input as positive and helpful. In response to the question concerning parents becoming less verbal, some parents stated:

> It seems like we have been working alongside each other as far as I'm concerned. You do come to the meetings and know what is going on, where we need help. So far, I feel as though we have been working very close in helping each other out. (Karen, PAC parent, May 15, 1997)
> I think the first year has been the icebreaker. I think we are comfortable with each other now. We share ideas and can ask whether it is a good idea or one that could really bomb out and not be good for the neighborhood at all. I think that most people from the church and school are good listeners and I think they would feel comfortable in telling you either way if that wasn't the case.(Karen, PAC parent, May 15, 1997)

Emotional Support.

The third type of support expressed by various individuals was emotional support. Emotional support was seen as anything that helped contribute to the person's overall sense of well-being that came about by being in relationship with another. Expressions of such support were spoken of by volunteers in the snack program. In the program parishioners and parents were partnered in hopes that more relationships would be fostered with those from the parish and neighborhood. As it was, parents spoke about the emotional support they had received from their parish partners. They told stories of working together and of being able to talk about difficult issues in their lives. One parent expressed how she had come to anticipate her volunteer time at the school because of the support she experienced from her partner:

> She (the parish partner) asks me how things are going. We talk about what has happened since the last week .She is very emotional. To me that shows that she cares. My granddaughter's mom beat her up before Christmas and I told my partner and right away she cried. At least it shows that she cares. She doesn't brush these poor kids off. She seems to care about these kids. (Laurie, parent volunteer, March 17, 1997)

Similarly, a parishioner partnered with a new immigrant in the snack program also spoke of their relationship. Through it, the parishioner provided emotional support which began to extend beyond the school into their home lives. For instance, the parishioner spoke of visiting the parent on several occasions in her home. Such relationship building was illustrated in the following comments made by the parishioner and which were later echoed by the parent in a separate interview:

> We keep phoning each other and she told me that 'I don't trust anybody but there is something about you that I can share things with'. And she shared things with me that were very intimate. They were very painful things. She was a little bit unsure until she got to know me through working together preparing the snack for the children, talking about the children. (Nancy, parish volunteer with snack program, March 11, 1997)

Another dimension of emotional support spoken of was that the parish involvement helped foster a sense of morale or positive energy within the school. Parents expressed that it made them feel good about working in the school and more connected to the community:

> I think you have really helped to boost morale, our feeling good about being at Gibson. Your involvement has helped to increase the feeling that this is a terrific school, a good place to learn. (Murray, PAC parent, May 15, 1997)
>
> Parents are feeling too that maybe the school is a place where people can get connected with community. Here are people involved in the school and maybe their lives are a little more stable than some of the parents. So when parents come into the school they may feel like it is more of a safe place because they get to interact with a good group of people. (Evelyn, April 16, 1997)

The parish involvement was also reported as helping students and staff feel emotionally supported:

> It is wonderful for staff and students to see adults volunteering their time. I think the children feel like they are important. Important enough for someone to come and spend time with them. The teachers feel that the volunteers appreciate the work they do and recognize it is not an easy job. That makes them feel like we have worth, that what we are doing is worthwhile enough for people to come and help them out. (Catherine, May 6, 1997)

Reciprocal Support.

The fourth type of support that was spoken of was reciprocal support. As was stated earlier in this chapter, reciprocity was seen as an important dimension to the partnership. It was recognized that as people formed relationships there would be a natural mutual expression of giving that occurred between people. How that type of giving would be fostered was unknown to the parish group. As the year progressed, we came to a greater understanding of what reciprocity would look like and in fact, we began to see some expressions of reciprocal support occurring.

As was stated earlier, the parish group expressed that reciprocity would be experienced by the joy or value that parishioners would receive by being in relationship with others at the school. As it was, many parishioners expressed such joy as they became involved:

> I've really enjoyed it (volunteering with snack program). It's been really worthwhile and rewarding. (Vera, parish volunteer with snack program, March 3, 1997)
> Sharing in another person's life is exciting... I think one of the greatest things or one of the things that has been very uplifting for me is that I can meet some of the children in the mall. I used to be mom 1 and the other parent was called mom 2 because they didn't want to call us Mrs. Whatever. The children would say 'hey mom' and that was the biggest payment I could receive was the acknowledgment by these children. (Sandy, Parish volunteer with snack program, March 11, 1997)

Besides the joy that parishioners experienced, there was a sense that people from the school were also engaged in providing reciprocal support to parishioners with whom they worked. One example of such giving was seen between a parent and parishioner in the snack program:

> Even though she (the parent partner) has gone through a hard time she is a very uplifting lady. She has been a blessing to me too. Always encouraging to me in any way. She knows I'm going to school and she always says something nice like 'you can make it, go and get it'. She keeps saying 'we immigrant women are very strong. We can make it through anything'. So she is very encouraging. She always has a big smile. I appreciated that about her. (Nancy, parish volunteer with snack program, March 11, 1997)

That same parish volunteer spoke of how certain staff members also supported her through the school year:

> The staff are also really caring. They so appreciate us being there. Sometimes they ask if we need a cup of tea or cookie. Even the janitor that is there is always coming and making sure you have things. 'Do you need anything? Do you need a coat for your children?'. It's not just me trying to help. He tries to minister to me too. (Nancy, parish volunteer with snack program, March 11, 1997)

Another dimension to reciprocal support that emerged through the school year was the awareness on the part of school staff of the importance of helping the children learn how to give back to others. There was a sense that our being involved was providing a role model to the children of giving that was an important part of their education:

> Lots of children in our school live in families who take. Everything is given to them or at least that is how they perceive it. They don't necessarily see the aspect of giving. So I think your involvement gives them a good role model about how to be a good citizen and care about the people who live around you. And you do it just because there is nothing in it for you. You do it just because it makes you feel good. I think that is really important. I think a lot of our kids are missing that. They don't want to do it unless they see something in it for them. (Catherine, May 6, 1997)

Therefore, several changes occurred to help school children "give back" to others in the parish. First, those in the core group tried to promote a personal dimension to our involvement. An example of that was seen in thank-you letters the children had provided to the parish for helping to organize the Christmas banquet. Instead of having the children address the entire congregation as a meaningless mass of people, individual names of parishioners involved in the banquet were provided so that children could write more personal notes of thanks.

Another opportunity for children to provide reciprocal support to the parish came about by the principal suggesting they become involved in a dessert celebration that the church was hosting for parishioners. The children became involved in a number of ways. For example, all children from grades one to six designed and colored placemats for the dessert. The school choir volunteered to sing at the celebration at which time they were able to introduce themselves and dedicate songs to various parishioners involved at the school. The principal and teacher liaison involved in the core group also spoke and offered words of encouragement and appreciation for the partnership. Such mutual exchanges seemed to create a movement within the school to work toward enhancing

reciprocity in the upcoming year. On several occasions the principal spoke of her desire to help create opportunities whereby children can give back to the parish and neighborhood.

Having outlined the four accomplishments of the partnership, I will conclude this section by discussing some of the final impressions that those of us in the core group had concerning the partnership. Those impressions addressed the question of "where do we go from here?". Following that, some final reflections will be outlined with regard to what was accomplished by neighbors caring for neighbors.

Final Impressions: Where Do We Go From Here?

Becoming involved in a school partnership was certainly something very new to those at First Church. The first year of involvement was exciting and thought provoking. Switching gears from this year into the next will be a new challenge. Moving from a project that was new and exciting into something that will be seen as old and exciting became a focus of our final discussions. Three dimensions of such a shift were discussed: the need to foster communication; the need to focus on providing parishioners with opportunities for involvement; and the need to make organizational changes so that the partnership will continue to be effective.

Shifting Gears From New and Exciting to Old and Exciting

Shifting gears from new and exciting to old and exciting was the challenge posed by the parish group for the upcoming year:

> One of the challenges for me from a church wide perspective is managing the fact that it's not new and exciting anymore but old and exciting. And to manage old and exciting is different. (Mathew, June 3, 1997)

Three areas emerged with regard to how that could occur: the need to foster good communication; the need to create opportunities for parishioners to become involved; and the need to make organizational changes to the core group. With

regard to fostering communication, it was recognized that if the congregation were to remain focused and supportive of the initiative, the parish group would need to focus on communicating the partnership in new ways. As it was, the way in which the partnership was communicated to the congregation was through bulletin boards, bulletin inserts, one on one meetings, church-wide meetings, and banquets dedicated to explaining the partnership. Although the above ways of communicating were and will probably continue to be helpful for disseminating essential information, it was speculated that it is not necessarily information that will ensure that the partnership remains old and exciting. Rather, it will become that as more people become involved and share in the experience of the partnership:

> Old and exciting comes through involvement. We will have to rely on that next year. The idea isn't going to thrill anyone. It's the experience that will. That will be a new challenge next year. (Mathew, June 3, 1997)

Having said that, it was also recognized that more parishioners will need to become involved in the school so that they can experience for themselves the excitement of the partnership. Besides promoting good communication, more opportunities will need to be created for a variety of people to become involved like those who are working during the day or not yet aware how they can contribute. Creating such opportunities will involve understanding more fully the assets of individuals in the congregation so that they can be encouraged to work in certain aspects of the partnership.

The final change the parish group discussed was the need to create a flow chart of roles and responsibilities. Throughout the year, it became apparent that a number of difficulties were occurring with regard to actually implementing some of the initiatives. The core group realized that many of the problems had to do with a lack of clarity of roles and responsibilities. Therefore, a flow chart of roles and responsibilities will be created in preparation for next year. Although more work

will occur over the next months to create a chart that may be useful, some ideas have already been generated. There will be an overall coordinator of the partnership working along with coordinators for each individual initiative. The coordinators of each specific initiative will then be responsible for recruiting, training, and encouraging their own volunteers. The overall coordinator will work as one who oversees the coordinators and communicates various needs within the core group. He or she will also work closely with the new parent coordinator from the school to help ensure that both parishioners and parents are included in school initiatives. Specific roles and responsibilities of other core group members like the principal, teacher liaison, minister, and external affairs chairperson will be clearly defined.

Final Reflections

In summary, what became accomplished by neighbors caring for neighbors was that felt needs of individuals were met, shared learning and working alongside parents was fostered, and further insight was gained about motives, barriers, and ways to enhance parent involvement. As well, the partnership promoted increased perception of support: resource, idea, emotional, and reciprocal support. In these final reflections some broad implications regarding those accomplishment are outlined. First, helping to meet felt needs relayed an important message to those at the school and in the community that the parish group was postured for action and serious about becoming involved. That contributed to people trusting and respecting the parish. It also demonstrated that a parish can be a rich resource in providing tangible, health promoting services. Second, working alongside other parents verified that in order for a partnership to be effective, developing relationships with other players must become the focus and foundation for a partnership. In doing so, partners would be able to learn from each other, know they are going to be heard, mutually work together, and feel that they have

ownership in the process. Third, learning more about parent involvement and ways to enhance it propelled the partnership forward in the idea of shared responsibility and working alongside others, a direction important to the empowerment of a community. Finally, the fact that the partnership resulted in others feeling increased support attested to the importance of neighborhood groups, like a parish, becoming involved in such partnerships. It suggested that the parish does have an important role to play in helping to promote the health and well-being of our community.

Suggesting that the parish can be involved in promoting the health and well-being of children and families in the community is to ultimately address the overall research question for this study. As it was, this entire chapter reflected a process of the core group coming to know whether the parish could be involved in a health promoting partnership. As the year ended, comments heard from core group members were that intuitively (based on their own observations and the input of others) it seemed that the first year of involvement was health promoting. Answering the research question more fully came as I began to explore how it is that the findings of this research fit with other health related literature. In essence, I took a step back from the findings and asked of it "what does all this mean?". By doing so, I was able to answer the research question from a theoretical perspective. As stated at the beginning of this chapter, what I discovered was that the findings very much reflected an empowering process of health promotion spoken of in the literature. Expanding on what that means will occur in the "Discussion" chapter. The visual representation presented at the beginning of this chapter will be used as a guide to comparing and contrasting the research literature.

Chapter V

NEIGHBORS CARING FOR NEIGHBORS: A DISCUSSION OF MEANINGS

The findings that identify the processes involved in a local parish partnering with a local high-need elementary school are unique to this study. The problem to be solved or the task to be completed was to answer the question, can a local parish become involved in promoting the health and well-being of children and families in a local high-needs elementary school? For those of us in the core group the answer to that question intuitively became "yes". Through the idea of neighbors caring for neighbors, the parish group saw themselves as forming a health promoting partnership with the school. Understanding their relationship to the school as such served as an important philosophic foundation to subsequent actions. Acting out of loving intent reflected a motivation that parishioners brought to the partnership which helped to foster trust and respect with those at the school. Coming to understand that neighbors needed to share responsibilities and work alongside others promoted the idea that parishioners should not take over other people's responsibilities. Rather, by working together, parish involvement should enhance the ability of others to fulfill their responsibilities. In doing so, the partnership would be less patronizing and more empowering to those in the community. By working together authentic relationships would be formed and reciprocity fostered. It is the demonstration of reciprocity in relationship that becomes an important yardstick for determining whether shared responsibility and working alongside other has been achieved. The philosophy of neighbors caring for neighbors also became expressed in what the parish accomplished in the first year of their partnership: helping to meet felt needs; shared learning and working alongside parents; understanding parent involvement and ways to enhance it; and providing support.

Although the core group believed that the first year of the partnership demonstrated a health promoting process, it also became helpful to see how the findings fit into other theoretical work. As is common in case study research (Wilson & Gudmundsdottir, 1987)) and helpful for action research, the final step in this research was to step back from the knowledge gained and ask of it "what does all of this mean?". By comparing the findings to other health related literature, more insight was gained concerning the role of a parish in health promotion.

As was stated in the literature review, it was not until the end of the project that the link between the parish process and the literature described in the review became more obvious. As the year progressed, a coherence in the data emerged which reflected the work being done in the area of community empowerment. By comparing the findings to indicators of community empowerment, it is suggested that a parish can be involved in health promotion. In this discussion, a more detailed description of parish involvement in an empowering process of health promotion is provided. Prior to doing so, the idea of neighbors being involved in health promotion will be explored. By doing so, both the strengths and limitations of the parish philosophy are addressed.

Neighbors Caring For Neighbors: The Strengths and Limitations of The Philosophy

The idea of neighbors caring for neighbors became an important philosophy undergirding the parish partnership. In many ways, the research came to represent a social movement of neighbors, albeit organized neighbors, becoming involved in promoting the health and well-being of those in their neighborhood. The idea that neighborhood groups (like a parish) can serve an important function in promoting the health of a community is expressed by several authors. First, neighborhood involvement builds upon the strength of the community by utilizing pre-existing systems of informal support, including persons (like homemakers or the indigenous

poor) who may not otherwise become involved (Naparstek, Biegel, & Spiro, 1982; Rappaport, 1977). Through the partnership, many such informal helpers were mobilized. Second, neighbors will often be more in touch with the issues or needs of the community and, consequently, understand better what may work in the community. For many parishioners, living in the neighborhood provided them with first-hand knowledge concerning neighborhood issues and thus a more clear understanding of the context in which they were working. Third, neighborhood involvement can help reduce fragmentation of services, and hold other agencies more accountable at the neighborhood level (Eisen, 1994). Finally, neighbors involved in local action can also help deal with such issues as insufficient number of professionals to meet demands, the ineffectiveness of some traditional treatment approaches, and a professional's inability to make contact with large numbers of community members (Rappaport, 1977).

There are also several challenges that exist in suggesting that the parish, as a neighborhood organization, can be effectively involved in promoting the health of its community. The question arises in the literature (and which we grappled with as well) whether neighborhood as a place holds any value in today's technocratic, highly mobile society? Some authors would suggest that neighborhood as a place of community health promotion is no longer relevant (Fischer, 1982). The neighborhood is no longer a natural place for most people to connect. Rather, communities of interest (e.g., clubs, friendship groups that transcend the neighborhood, or work-related networks) provide informal helping networks that are more conducive to promoting people's health.

Although it may certainly be true that the notion of neighborhood and relationships in it are changing, it is suggested by some that health promotion expressed in neighbors caring for neighbors is still salient for today. Several

important points are made in the literature that address the debate and in turn, give credence to the parish position as neighbors caring for neighbors.

First, the reality is that people are most likely to be involved in a variety of communities, the neighborhood being one of them. Therefore, as was the case in the parish partnership, it can become one link in a chain that "is mutually supportive and progressive in development" (Hunter & Riger, 1986). It need not be viewed as the only link. Second, community of place and community of interest need not be mutually exclusive. As was the case in the partnership, being involved at the school level helped those of us in the parish focus on issues of interest specific to a certain segment of the neighborhood. Third, in spite of societal changes, people continue to live in neighborhoods. Therefore, they often share common institutions (schools, churches, local business) and as a result, come to share common interests. Managing change at the neighborhood level, with regard to those interests, is still seen as an important function of neighbors and neighborhood groups. As Berger and Neuhaus (1977) state: "people still need to feel that daily life is on a manageable scale. For most people that translates into the neighborhood scale, however the people define it" (p. 55).

The idea that the parish, as neighbors, has an important role to play in health promotion is also significant in view of some recent work that points to some of the pitfalls our society faces because of what is described as "the institutionalization of care". There is a growing critique that our reliance as a society on human services to meet needs of citizens has pushed natural helpers like neighborhood organizations out of their important role of providing care and support to each other as citizens. The result is that people feel less competent and in control, and thus, disempowered. In his provocative book, The careless society: Community and its counterfeits, John McKnight (1995) addresses how the health service industry has come to take over many of the natural and important functions

of community groups like a local parish. What has resulted is a focus on "clienthood where citizenship once grew" (p. 10) rather than cultivating a society where citizens turn to each other to solve problems. He suggests that the most obvious 'need' of citizens is the "opportunity to express and share their gifts, skills, capacities, and abilities with friends, neighbors, and fellow citizens in the community" (p. 104). By doing so they effectively become empowered as "citizens" rather than "clients".

According to McKnight there are people who help bring individuals into life as citizens by incorporating them into relationships where their capacities can be expressed. McKnight outlines several ways he sees natural helpers helping to do that which were reflected in the parish partnership. First, natural helpers focus upon the strengths of the neighborhood to solve specific problems rather than coming to "fix" people. That was certainly emphasized in the parish partnership. Second, neighborhood groups are often well-connected in the community and therefore are able to quickly rouse support and connections to enhance the life of the neighborhood. Again, many parishioners not only lived in the neighborhood, but some of them were very well connected with local community development workers, school board officials, local business people, government officials, and other community members. Third, natural helpers are typically trusted individuals. With regard to the parish, there was a trust expressed by neighborhood members concerning our involvement that would not have been the same had we been an agency. Finally, natural helpers foster interdependence which leads to sustained growth and change in the community. Again, the parish partnership was not based on short-term involvement. Rather it was rooted in the idea that involvement would mean creating interdependence with others in the neighborhood by establishing relationships over the long term. In doing so the group expressed a desire to seek "nothing less than a life surrounded by the richness and diversity of

community. A collective life. A common life. An everyday life. A powerful life that gains its joy from the creativity and connectedness that come when we join in association to create an inclusive world" (McKnight, 1995, p. 123).

Neighbors caring for neighbors therefore, can be seen as a valuable vehicle for community health promotion. The processes by which that occurs may vary. With regard to this research, it is proposed that the parish was involved in an empowering process of health promotion. What that means and how that occurred will be explored further in the following section.

Neighbors Caring for Neighbors: A Case Study of an Empowering Process of Health Promotion

As the research process unfolded and the question was asked of the findings "what does all of this mean?", it became more obvious that what was being broadly represented in the parish partnership was an empowering process of health promotion. By comparing this research with the empowerment literature, further insight was gained regarding the research question. It helped to lend support to the core group's claim that a parish can be involved in a health promoting process. It also serves as the basis for this discussion.

As was stated earlier, empowerment is defined as a "social action process that promotes participation of people, organizations, and communities towards the goals of increased individual and community control, political efficacy, improved quality of life, and social justice" (Wallerstein, 1992, p. 198). Community level empowerment is defined as a group applying "their skill and resources in collective efforts to meet their respective needs...they provide enhanced support for each other, address conflicts within the community, and gain increased influence and control over the quality of life and their community" (Israel, Checkoway, Schulz, & Zimmerman, 1994, p. 153). Empowerment becomes a strategy of challenging physical and social risk factors through collective action. By doing so, people gain

a belief that they can control their lives, a sense of commonality, an increased ability to work together to promote change at a variety of levels (Wallerstein, 1992).

Throughout the literature, empowerment is viewed both as an outcome and as a process. When viewed as a process, empowerment can be operationalized into intermediate variables or indicators of empowerment. By looking to those indicators one can determine whether an intervention or program reflects an empowering process, a process that leads to a community achieving a greater sense of competence and control in solving health problems and reaching optimal levels of equity (Wallerstein, 1992). With regard to empowerment as an outcome, there is more debate. It is problematic because it implies a fixed state of achievement, whereas one's personal or social reality and the control one has over it is constantly changing. Therefore, for purposes of this research, empowerment was viewed as a process. Indicators of empowerment that were implied throughout diverse areas of literature were used to compare this research. By doing so, the idea that the parish was involved in an empowering process of health promotion is demonstrated.

An important point needs to be raised prior to launching into the discussion regarding the use of the empowerment concept for this research. Implicit to the concept is that there are people experiencing various degrees of disempowerment. It can not be said with any certainty, however, who it is that may be disempowered. As it is, disempowered individuals are depicted in the literature as people who experience feelings of powerlessness or lack of control with some (not necessarily all) aspects of their life. People particularly vulnerable to such feelings are those living in poverty. Mirowsky and Ross (1986) suggest that the experiences of people of low socioeconomic status often lead to increased feelings of powerlessness, a feeling that results in an individual perceiving that they cannot

determine the occurrence of various outcomes or life events. Because this research took place in a socioeconomically disadvantaged neighborhood, the core group worked from the assumption that there may be those in the neighborhood experiencing various degrees of powerlessness. What is emphasized in this research are the empowering processes reflected in the parish partnership.

The following discussion represents some, not all, aspects of the empowerment concept. Five indicators were chosen to compare this research because they most closely resemble what had occurred in the parish/school partnership. Those indicators include: fostering trust and respect; an emphasis on relationship building, critical reflection, and shared learning; increased local action through personal care and small group development; working toward developing a sense of community; and promoting social support. Each indicator will be described and its link to empowerment and health explained. Emphasis will be placed on describing how aspects of the partnership depicted in the visual representation from the findings demonstrate the empowering nature of the parish involvement. The parish partnership demonstrated an empowering process of health promotion by:

(1) Fostering Trust and Respect

Trust and respect is both an antecedent and an indicator of community empowerment (Rodwell, 1996). Labonte (1993) talks about caring non-controlling actions as essential for trust building and ultimately for an empowering process to occur. It is that kind of trust and respect that was seen as vital in the parish partnership. The emphasis parishioners placed on building relationships and hearing other people's voices helped to foster the trust and respect necessary for an empowering process to occur. The ideas expressed around shared responsibility as neighbors also spoke of a parish belief that all people are valued and respected for their contributions.

(2) By Promoting Collaboration, Critical Reflection, and Shared Learning

Collaboration, critical reflection, and shared learning are often seen as hallmarks of an empowering process (Gibson, 1991; Freire, 1970/1993; Labonte, 1993). Inherent to those factors are that people come together to critically reflect on their situation, learn together, and initiate change. As a result, community participation is fostered and ultimately those in the community become empowered (Zimmerman & Rappaport, 1988; Israel et al., 1994). That type of process was reflected in the parish partnership. It was reflected in the core group being committed to a process-oriented approach to the partnership rather than to having specific outcomes and goals that they wished to achieve. As a result, knowledge concerning community issues was generated, new ways of acting were explored, and more people became involved for the first time or in new ways. Such aspects of an empowering process were depicted in the parish accomplishments of Shared Learning and Working Parents and Increased Understanding of Parent Involvement and Ways to Enhance It.

(3) By Fostering Increased Local Action through Personal Care and Small Group Development

Another indicator of an empowering process is that more citizens become involved in local action (Labonte, 1993). According to Labonte (1993), there are five spheres in which such action can occur: personal care; small group development; community organization; coalition building and advocacy; and political action. Although it is recognized that an empowering process may involve all spheres, it is suggested that not every group will be able to work in all spheres (Labonte, 1993). That was certainly the case in the parish partnership. In the first year of our involvement particular attention was given to increasing local action at the level of personal care and small group development. As was depicted in the parish accomplishment of Helping to Meet Felt Needs, the parish became involved

in local action through personal care by helping to provide a variety of tangible resources and services such as the snack program, reading program, provision of hats and mittens, dryer, and funding for various initiatives. Those projects not only helped stimulate local parishioner involvement but they became the means whereby others in the neighborhood could become involved and experience small successes in dealing with community issues.

Starting at the level of personal care seemed particularly important for working in a disadvantaged neighborhood where the complexity of issues or concerns are often overwhelming. As Minkler (1985) suggests, it is often easier for people to rally around issues such as nutrition or fun-runs than around poverty. It is when people experience success at those levels that they are able to tackle more deeply rooted issues of social status and conditions. Similarly, Labonte (1993) states that many persons in poor city neighborhoods today would express unemployment and poverty as their greatest concerns. But health promoters (or in our case, neighborhood organizations) "eager to tackle those grander health determinants may find residents reluctant to struggle yet again against complex social structures of oppression, manifesting the learned helplessness or apathy that is often an empowering health promotion practice's first concern" (p. 39).

With regard to increasing local action through small group development, Labonte (1993) asserts that it is the small group, and the support one receives through it, that brings about change. Through interacting with others in a group healthful characteristics central to the concept of empowerment like control, capacity, connectedness, coherence, and critical thinking are fostered. As depicted in the parish accomplishment of Shared Learning and Working Alongside Parents, the emphasis that the parish group placed on building relationships not only in the core group but with PAC members exemplified such aspects of an empowering process. It was our intention that through such group involvement we would

eventually come to name problems together. As it was, the first year was marked by our becoming involved with the PAC by supporting their identification of important concerns and issues and by helping them plan and implement certain initiatives. By starting where the group was at we were able to foster a sense of group participation and cohesion that is essential for social change at any level (Labonte, 1993).

(4) By Working Toward Building a Sense of Community

Sense of community can be defined as a "feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members needs will be met through their commitment to be together" (McMillan & Chavis, 1986, p. 9). This definition speaks of the ability of people to experience membership, exert influence, have their own and others needs met, and share together an emotional connection. Sense of community is related to empowerment because of the link between it and people's perception of how they can influence or have some control over community matters (Chavis, 1986, Hogge, McMillan, & Wandersman, 1986). With regard to the parish partnership, the intention to build a sense of community was expressed in our philosophy of neighbors caring for neighbors. Implicit to that philosophy was the intention to foster a sense of community within the neighborhood that would eventually lead to increased involvement of others and ultimately to community empowerment. Such intention was seen as being deeply rooted in the motivation of parishioners, a motivation which is seen as essential to helping build a sense of community. As Rousseau (1991) suggests, the minimum requirement for building a sense of community is that intentions are sincerely altruistic. In that way, the moral ideal of community building can guide people toward making it a reality.

(5) By Promoting Increased Perceptions of Social Support

Social support is "assistance rendered by laypersons who are part of one's social network, rather than by professionals" (Stewart, 1993, p. 1). Through such support, people are provided with emotional, instrumental, informational, and appraisal assistance (House & Kahn, 1985). It is suggested that social support may improve coping, help to moderate the impact of stressors, and promote health and self-care (Stewart, 1993). Wellman (1981) states that successful support systems seem to "foster good health directly, encourage health related behavior, provide useful resources in stressful situations, and give participants helpful feedback for maintaining sound behavioral practices" (p. 172). Specific links to social support and empowerment are suggested in that it can help others gain a sense of control over their lives, reduce alienation from society, and help individuals gain capacity to solve problems (Naparstek et al., 1982).

As depicted in the parish accomplishment of Promoting Increased Perceptions of Social Support, the four types of support provided through the parish partnership (resource, idea, emotional, and reciprocal support) very much resemble the types of health promoting support identified in the literature. The fact that the partnership represented neighbors providing support is also significant in light of some recent work done in the area of social support and neighboring. For example, although for many people neighbors may play a relatively small role in providing support, for those living in poverty the opposite is true (Fischer, 1982; Stewart, 1990). It is often those people who find themselves more isolated through lack of mobility (they do not have the means to access supportive networks that lie outside their immediate neighborhood), childcare responsibilities, and problems associated with personal relationships (i.e. broken marriages, non-supportive kin) (Belle, 1982; Hunter & Riger, 1986). Neighborhood groups (like the parish) can help provide access to new information, differing attitudes, and resources. As well,

neighbors are better able to promote reciprocal support which is increasingly seen as necessary and often different from the "unidirectional" nature of professional support (Stewart, 1993). Those aspects of support were evident in the parish partnership.

In summary, the findings of this research were compared with five empowerment indicators identified in the literature. By doing so, it was demonstrated that the parish was involved in a empowering process of health promotion by fostering trust and respect; promoting collaboration, critical reflection, and shared learning; fostering local action through personal care and small group development; working toward a sense of community; and promoting social support. Such a comparison ultimately helps answer the research question for this study and supports the idea that a local parish can become involved in promoting the health and well-being of children and families in a local high-needs elementary school. It can not go with out saying that the partnership also posed some limitations regarding its role in health promotion. By highlighting those limitations, we as parish members are better able to address them or at least be aware of their ramifications.

Neighbors Caring For Neighbors: A Discussion of Potential Limitations of the Parish/School Partnership

Several limitations to the parish being involved in an empowering process of health promotion are suggested. First, although parish involvement in the school was welcomed, it can not be ignored that such involvement has the potential to eventually lead to the withdrawal of necessary resources and services from the public sector resulting in what has been referred to as "the abandonment of the poor to volunteerism". That concern was expressed on numerous occasions by some members of the parish group. The need for parishioners to form effective

working relationships with others in the public sector, so as to foster communication regarding resource needs, can not be understated.

A second limitation to the parish partnership is that neighborhood members who are most vulnerable (and potentially feeling the most disempowered) may not be adequately accessed through the partnership. The result could be that the process of knowledge generation and change will not reflect the needs and interests of the most vulnerable but the interests of more empowered individuals involved in the partnership. It can not go without saying that many of the people we came in contact with during our first year of involvement were probably individuals already experiencing some degrees of empowerment. It remains a challenge for those of us in the parish to build relationships with people who ordinarily would not become involved.

Third, it is well stated throughout the literature that what happens at a neighborhood level is determined by influences (i.e. structural/political) that are outside the immediate neighborhood. The fact that the parish group emphasized interpersonal interactions and provision of services in their first year has been explained as a necessary part of an empowering process. There is the danger that if the parish were to remain in that role, other inhibiting factors (i.e. political) to the community's health may not be addressed. Again, what is important to point out is that the parish needs to remain poised to act at multiple levels in spite of the fact that they may not become the best group to serve such functions.

Fourth, the parish itself may be limited in how it can be involved in an empowering way by virtue of its own shifting leadership and vulnerability to changing vision. In other words, there could come a time when the school partnership (for whatever reason) becomes less emphasized by the parish resulting in fewer resources and less enthusiasm. In many ways, the potential instability of the parish as a volunteer organization could make it somewhat difficult for others

involved (neighbors, school staff, public sector) to feel confident in our ability to stay committed to the partnership and thus, long-term contributors to the health of the community.

In spite of some of those limitations, it would appear that based on the core group's belief and the research literature, the parish involved in this study demonstrated an ability to be involved in promoting the health of their community through an empowering process of health promotion. The implications such findings have for nursing practice and research are outlined.

Implications for Nursing Practice

The findings of this study represent the involvement of a local parish in a specific community school over one academic year. The knowledge gained from the collaborative process is situation specific and was never intended to be used as a prescription for how other groups similar to ours can become involved in health promotion. Nevertheless, there are principles that can be gleaned from this research which could help other parish groups become involved in school-based health promotion in an empowering way. These principles are important to nursing practice and research. Because this research took place in a community school and focused on parish involvement, particular emphasis is placed on the implications this study has for community-based nursing practice. It is recognized that such practices are diverse. For example, nurses working in community health may be based out of community clinics, involved in private practice, or specifically hired by a parish to promote community health. No one nursing practice is focused upon in this section. It may be that some nursing practices would have easier access to parish involvement (McDermott, 1995; Miskelly, 1995; Simington, Olson, & Douglass, 1995). The knowledge gleaned from this research regarding community-based health promotion is seen as useful to all nurses seeking to promote the health of a community.

As it was, the findings of this research demonstrated that a local parish can become involved in an empowering process of health promotion. It is a rich resource within a community that until recently has been under-utilized by nurses in helping to facilitate the health of community members. Thus, this research points to the importance of nurses mobilizing such a community group in future health promotion efforts. Doing so will require a number of shifts, both philosophically and practically, in nursing practice and research.

Philosophically, it would require that nurses adopt key assumptions regarding primary health care so that their practices will become ones where such local group involvement is promoted. Such assumptions would include a belief in equitable access to health care for all populations, maximum individual and community involvement in planning and implementation of services, promotion of preventative and promotive services rather than curative only, and the integration of health development with economic and social development (Stewart & Langille, 1995). Including a parish in community-based health promotion would also require that nurses rethink their own biases or assumptions regarding the role of religious groups in a public institution. The biases nurses hold would strongly influence how they value the parish as a legitimate community resource.

Practically, this study points to the need for nurses to become more knowledgeable and experienced in empowerment philosophy and strategies. As it was, the findings of this research demonstrated that a parish can be involved in health promotion by engaging in an empowering process. By looking to the empowerment indicators identified in this research, it is suggested that nurses could help facilitate such a process with other parish groups. What that would necessitate is that nurses first and foremost become more knowledgeable and experienced in their role as facilitator or collaborator in such a process. Adopting applied research strategies, like action research which uphold values of

empowerment, would be helpful for providing nurses with practical tools for working collaboratively with such groups. Doing so would mean that nurses develop more understanding regarding their role as partners rather than as "experts" capable of solving all health issues. It would require that nurses trust the legitimacy of local knowledge and the ability of indigenous helpers to provide health promoting services. It would also mean that nurses give up their control and learn to live with the ambiguity that often comes when working collaboratively with others. Adopting such a collaborative role in health care would require the nurse's time and commitment. Justifying such a practice could prove to be a challenge in today's society that emphasizes quick solutions and outcome-oriented evidence for health promotion practices.

Looking specifically to this research, a number of ideas can be gleaned with regard to how a nurse could become involved with a parish group in helping to facilitate an empowering process of health promotion within a school. First, importance would need to be placed on helping other parish groups foster trust and respect. Several ways in which that could occur is by encouraging continuity, a long-term commitment, and helping parish groups share responsibility with others by working toward including a variety of community members in their initiatives. Second, nurses could be instrumental in facilitating an empowering process by emphasizing the importance of ongoing collaboration, with a number of players, in the project. In that way, the knowledge gained and actions taken by the group would reflect the perspective of a variety of community members. It would also discourage the group from becoming outcome-oriented rather than focused on gaining new knowledge for change through continuous dialogue, reflection, and critique. Third, nurses could help facilitate increased local action at a variety of levels: from personal care to political action. That would require that nurses become more knowledgeable about helping groups mobilize their resources in

helping to meet personal needs and in organizing themselves to work toward multi-level change. It would involve nurses becoming more well-versed in socio-environmental issues impacting the community. Fourth, nurses could encourage parish groups to become involved in supportive activities that included providing resource support, idea support, emotional support, and reciprocal support.

Implications for Nursing Research

With regard to nursing research, further development in a number of areas should be considered. More nursing research needs to occur regarding parish involvement in school-based health promotion. Not only would it provide more evidence for community-based health promotion models, like Comprehensive School Health, but it would give studies like this one more credibility regarding the health promoting role of a local parish. More research needs to focus on defining and thus clarifying the concept of empowerment. Doing so would provide more insight regarding what is involved in an empowering process and contribute to an understanding of how that can best be achieved. More long-term research projects that focus on parish involvement in school-based health promotion need to occur. In that way, the processes of community health promotion (which often occur over the long-term) could be more clearly understood. It would provide the opportunity to look more in depth at certain aspects of the partnership and provide support for whether parish involvement is empowering over the long-term.

Personal Reflections on the Process

Having spoken about some of the implications this research has for nursing practice and research, and particularly emphasizing the nurses role as collaborator, it becomes important that my own reflections regarding my role in this research are expressed. Being involved in a collaborative process of research proved to be very challenging. Reflecting on my role throughout the project was vital in my coming to understand how I should act in the research. Therefore, from the onset of the

study, I began to record my thoughts and experiences in a personal journal. By doing so, I was able to process those thoughts and use them as a reference for discussion both during and after the school year. Looking back at the various excerpts from the journal, I noticed that some of the biggest dilemmas I faced were in trying to juggle two roles: my role as professional nurse and graduate student and my role as parishioner. It was in coming to understand those two worlds that I was better able to understand my position in the research and to work through some of the difficulties associated with it.

With regard to my role as parishioner, I knew from the onset that for some being involved as a parishioner would be seen as bringing to the research too much personal bias resulting in "unobjective" research and therefore "unscientific" findings. As I grappled with that concern over the course of the research, I came to believe that we, as researchers, all bring our "personal bias" into our research. None of us can be exempt from seeing the world through our own lens and thus true objectivity seems to be impossible. Rather, what I experienced in this project was that the process of action research itself gave me the freedom and opportunity to bring my own bias out into the open. In other words, when I felt angst over such issues as introducing my own agenda, or sharing my own knowledge regarding situations, or concerned about how my own power as a professional would impact the study, I was able to bring my concerns to the group for further discussion and reflection.

I also recognized that my investment in the project by virtue of my being a parishioner was great. I wanted to see the project work and thus the challenge to view the process critically was always before me. I believe that the position I assumed in the research was important to me being able to maintain a critical stance. Namely, I was careful to not position myself in the core group as a leader or as one involved in any particular project. Thus, I was seen by the group as one

who contributed to knowledge formation by asking penetrating questions, seeking clarification, and bringing knowledge gained by the process back to the group for further reflection and evaluation.

In spite of some of the challenges, there were important contributions that my being a parishioner brought to the research. First, establishing trust with other collaborators was seen as a vital part of this research. Being a fellow parishioner helped nurture a deep level of trust very quickly. Second, I was able to maintain my energy and commitment to the research process because of my investment in the lives of those in the parish and also because of my own personal commitment to the neighborhood. Third, the depth of relationship I was able to establish with parish members and the ongoing contact I had with them allowed me to quickly access information and verify knowledge gained throughout the process. Fourth, because I was known by the parish group, there seemed to be less of a concern over my own voice becoming too powerful in the group. Group members were able to question my contributions rather than experience a power-over effect by virtue of my professional status. Fifth, a number of ethical dilemmas inherent to action research were better addressed by my being a parishioner. For example, becoming involved in a collaborative process of health promotion can be demanding on one's time and optimally it should extend over a long period. Having a one year time limit on this research raised a number of ethical questions. Namely, was it ethical to engage in such a process of collaborative research and then essentially end the relationship upon completion of my thesis? Although I recognize that it is possible for researchers to effectively contribute to a year-long process and end their involvement (as is often the case with most research), my being able to stay involved over the long-term as a parishioner was important for my own ethical standards of building relationships, maintaining trust, and promoting continuity.

Having written about some of the issues surrounding my role as parishioner, I also came to learn things about my role as a professional nurse through the process of being involved in this research project. Many of the dilemmas I faced seemed to arise out of what I believe is my own socialization as a nurse. In other words, the ways in which I viewed the project and contributed had much to do with how I had come to view the world as a nurse. For example, for the most part nurses have been involved in tertiary health care, taking on the role of expert consultants or doers rather than collaborative partners. Recognizing my tendency to adopt an "expert" role, I found myself continuously needing to question how it was that I was contributing to the group: Was I sharing my knowledge or forcing it? Was I able to allow the group to set an agenda or was I trying to enforce my own? Was what I was seeing in the process shared by other group members?

Several factors became important to helping me work through those various questions. First, in hindsight I believe it was vital for me to have started the research, as I did, with a broad research question. By doing so, I was better able to allow the process to unfold rather than being influenced by a predetermined agenda. As it was, my nursing experience in community health prior to this research already brought with it a plethora of preconceived ideas which needed to be tempered in the process. Second, and closely related to the first point, was that working collaboratively in a group forced me to become friends with ambiguity and learn to trust the expertise and direction set by other group members. I learned that although my ideas were valuable, they were not necessarily complete. Having the input of the other members made the project that much more rich.

Finally, with regard to my role as a nurse, I questioned whether nurses as professionals can effectively be involved in an empowering process of community health promotion. As Lenrow and Burch (1981) suggest there appears to be an

inherent conflict between the nature of professional helping and the nature of lay groups (like the parish) becoming involved in community health promotion: "The former is hierarchical in its essential structure and the latter is egalitarian. The mutual mistrust between professionals and laypeople in mutual-aid networks is not due primarily to misunderstanding of each other's basic priorities, but to an accurate perception that their values are in fundamental conflict" (p. 238). That implies that both groups are better off working separately rather than collaboratively.

Through my experience in this project and by my reading various perspectives on this matter of professional involvement, I have become aware of the difficulties expressed in the above quote. It is my contention, however, that the two groups working together need not be viewed as such an anathema. Rather, there are resources unique to the professional nurse that can benefit lay-helpers and that conversely, lay-helpers bring essential resources to professional practice. Essentially what is required (and which became part of my learning) is the need to move toward interdependence. By doing so, the professional is in a better position to hear the perceptions of others, voice dilemmas so they can be addressed, and understand the strengths and limitations of what one can offer in the partnership. It demands that one engage in constant critical reflection in order that roles are clarified and positions understood. It certainly is not an impossible task. As I learned, however, such collaboration requires a willingness to be vulnerable and a commitment to engage in such a process.

Conclusion

Recent health promotion research has emphasized that health promotion efforts with disadvantaged groups need to include an expanded definition of health, include broader social and political strategies, and embrace the concept of empowerment as a key health promotion strategy and philosophy. Various

community-based health promotion models which reflect the new movement exist. One such model, Comprehensive School Health, emphasizes a philosophy of community empowerment with the school as a center of community-based health practice. Inherent to the CSH philosophy is that a diverse group of people from the community, like local parishioners, become involved. Although there is research that supports the health promoting role of parishes, there is little known about the processes involved in such groups working in school-based health promotion. Through this research, it was demonstrated that a local parish can become involved in an empowering process of school-based health promotion. It is as neighbors care for neighbors that empowering change is promoted. Based on such findings, I would agree with Kretzmann and McKnight (1993), that "Local religious institutions must be prepared to enter into a series of mutually beneficial partnerships if they are going to realize their full potential in the process of building a better community that is stronger both materially and spiritually" (p. 145).

References

Aeschliman, G. (1996). God's Heart for the poor. Discipleship Journal, 93, 31-33.

Alberta Coalition for School Health. (1992). Alberta Coalition for School Health. Pamphlet.

Allensworth, D. D. (1993). Health education: State of the art. Journal of School Health, 63 (1), 14-19.

Altrichter, H., Posch, P., & Somekh, B. (1993). Teachers investigate their work: An introduction to the methods of action research. NY: Routledge.

Ammon-Gaberson, K., & Piantanida, M. (1988). Generating results from qualitative data. Image, 20 (3), 159-161.

Appleby, S., Kocal, J., Filinson, R., Hammond, C., Prebis, J., Ellor, J., & Enright, C. (1987). Church based counseling services for older persons with Alzheimer's disease and their families. Resources in Education (ERIC Clearinghouse). ED 285 085.

Belle, D. E. (1982). The impact of poverty on social networks and supports. Marriage and Family Review, 5 (4), 89-103.

Berger, P. L., & Neuhaus, R. J. (1977). To empower people: The role of mediating institutions. Washington, D.C.: American Enterprise Institute for Public Policy Research.

Brink, P. (1989). Issues of reliability and validity. In J. Morse (Ed.). Qualitative nursing research: A contemporary dialogue. Rockville, MD: Aspen.

Canadian Institute of Child Health. (1989). The health of Canada's children: A CICH profile. Ottawa, ONT: Canadian Institute of Child Health.

Canadian Institute of Child Health. (1994). The health of Canada's children: A CICH profile (2nd ed.). Ottawa, ONT: Canadian Institute of Child Health.

Carson, T., Kanu, Y., & Stanski, K. (1994). Student handbook of action research. Edmonton, AB: University of Alberta Press.

Chavis, D. M., Hogge, J. H., McMillan, D. W., & Wandersman, A. (1986). Sense of community through Brunswik's lens: A first look. Journal of Community Psychology, 14, 24-40.

Chavis, D. M., & Wandersman, A. (1990). Sense of community in the urban environment: A catalyst for participation and community development. American Journal of Community Psychology, 18 (1), 55-81.

Cochran, M. (1990). Extending families: The social networks of parents and their children. NY: Cambridge University.

Cogdon, A., & Belzer, E. G. (1991). Dartmouth's health promotion study: Testing the coordinated approach. Health Promotion, 28/29, 6-10.

Cohen, E., Mowbray, C. T., Gillette, V., & Thompson, E. (1991). Preventing homelessness: Religious organizations and housing development. Prevention in Human Service, 10 (1), 169-185.

Connerly, C. E. (1986). The impact of neighborhood social relations on prospective mobility. Social Science Quarterly, 67 (1), 186- 194.

Drevdahl, D. (1995). Coming to voice: The power of emancipatory community interventions. Advances in Nursing Science, 18 (2), 13-24.

Droege, T. A. (1995). Congregations as communities of health and healing. Interpretation: A Journal of Bible and Theology, 49 (2), 117-129.

Dryfoos, J. (1990). Adolescents at risk: Prevalence and prevention. NY: Oxford University Press.

Edmonton Social Planning Council (1994). Alberta facts: Poverty and illness - an unhealthy connection, 14. Edmonton Social Planning Council.

Eisen, A. (1994). Survey of neighborhood-based, comprehensive community empowerment initiatives. Health Education Quarterly, 21 (2), 235-252.

Elliot, J. (1991). Action research for educational change. Philadelphia: Open University Press.

Epp, J. (1986). Achieving health for all: A framework for health promotion. Ottawa: Health and Welfare Canada.

Field, P. A., & Morse, J. (1985). Nursing research: The application of qualitative approaches. Rodville, MD: Aspen.

Fischer, C. S. (1982). To dwell among friends: Personal networks in town and city. Chicago, IL: University Press.

Ford, S. D. (1990). Sins of Omission. Minneapolis, MN: Augsburg Fortress.

Freire, P. (1970/1993). Pedagogy of the oppressed. NY: Continuum.

Garman, N. (1986). Reflection, the heart of clinical supervision: A modern rationale for professional practice. Journal of Curriculum and Supervision, 2, 1-24.

Gibson, C. H. (1991). A concept analysis of empowerment. Journal of Advanced Nursing, 16, 354-361.

Glynn, T. J. (1981). Psychological sense of community: Measurement and application. Human Relations, 34, 780-818.

Greenwood, J. (1994). Action research: A few details, a caution, and something new. Journal of Advanced Nursing, 20 (1), 13-18.

Guba, E. G., & Lincoln, Y. S. (1981). Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches. San Francisco: Jossey-Bass.

Hatch, J. W., Cunningham, A. C., Woods, W. W., & Snipes, F. C. (1986). The fitness through churches project: Description of a community-based cardiovascular health promotion intervention. Hygie, 5 (3), 9-12.

Heyland, J. M. (1990). Comprehensive school health in the Northwest Territories - Status report 1990 - Progress and Priorities. Northwest Territories Association for School Health.

Holter, I. M., & Schwartz-Barcott, D. (1993). Action research: What is it? How has it been used and how can it be used in nursing? Journal of Advanced Nursing, 18, 298-304.

House, J. S., & Kahn, R. L. (1985). Measures and concepts of social support. In S. Cohen & S. L. Syme (Eds.), Social support and health (pp. 83-108). Orlando, FL: Academic Press.

Howe, K., & Eisenhart, M. (1990). Standards for qualitative (and quantitative) research: A prolegomenon. Educational Researcher, 19 (4), 2-9.

Hunt, J. (1981). Indications of nursing practice: The use of research findings. Journal of Advanced Nursing, 6, 189-194.

Hunter, A., & Riger, S. (1986). The meaning of community in community mental health. Journal of Community Psychology, 14, 55-71.

Israel, B. A., Checkoway, B., Schulz, A., & Zimmerman, M. (1994). Health education and community empowerment: Conceptualizing and measuring perceptions of individual, organizational, and community control. Health Education Quarterly, 21 (2), 149-170.

King, A. J. C., & Coles, B. (1992). The health of Canada's youth: Views and behaviours of 11, 13, and 15 year-olds from 11 countries. Ottawa: Health and Welfare Canada.

Kirst, M. W., & Kelley. C. (1995). Collaboration to improve education and children's services: Politics and policy making. In L. C. Rigsby, M. C. Reynolds, & M. C. Wang (Eds.), School-community connections: Exploring issues for research and practice (pp. 21-44). San Francisco, CA: Jossey-Bass.

Kiyenze, B. K. S. (1984). The interaction of participatory research and participatory evaluation: A case study of adult education and participatory research. Studies in Adult Education, SAED, 43.

Kolbe, L. J. (1993). Developing a plan of action to institutionalize comprehensive school health education programs in the United States. Journal of School Health, 63 (1), 12.

Kretzmann, J. P., & McKnight, J. L. (1993). Building communities from the inside out: A path toward finding and mobilizing a community's assets. Chicago, IL: Acta.

Labonte, R. (1993). Issues in health promotion series. #3 health promotion and empowerment: Practice frameworks. Toronto, ONT: Centre for Health Promotion.

Labonte, R. (1994). Death of a program, birth of a metaphor: The development of health promotion in Canada. In A. Pederson, M. O'Neill, & I. Rootman (Eds.), Health Promotion in Canada. Toronto, ONT: W. B. Saunders.

Lasater, T. M., Wells, B., Carleton, R. A., & Elder, J. P. (1986). The role of churches in disease prevention studies. Public Health Reports, 101, 125-131.

Lenrow, P. B., & Burch, R. W. (1981). Mutual aid and professional services: Opposing or complementary? In B. H. Gottlieb (Ed.), Social networks and social support (pp. 233-257). London: Sage.

Lincoln, Y., & Guba, G. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage.

Lochhead, C., & Shillington, R. (1996). Statistical profile of urban poverty. Center for International Statistics, Ottawa: Canadian Council on Social Development.

McDermott, M. (1995). When the population is a congregation: The emerging role of the parish nurse. Journal of Community Health Nursing, 10 (3), 179-190.

McKnight, J. (1995). The careless society: Community and its counterfeits. NY: Basic Books.

McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. Journal of Community Psychology, 14, 6-23.

McTaggart, S., Chancellor of University of Alberta (1991). Address: Chinese New Years Celebration at Alex Taylor School.

Merriam-Webster Dictionary. (1989). The new Merriam-Webster dictionary. Springfield, MA: Merriam-Webster.

Meyer, J. E. (1993). New paradigm research in practice: The trials and tribulations of action research. Journal of Advanced Nursing, 18, 1066-1072.

Miles, M. B., & Huberman, A. M. (1984). Qualitative data analysis: A sourcebook of new methods. London: Sage.

Miller, J. T. (1987). Wellness programs through the church: Available alternative for health education. Health Values, 11 (5), 3-6.

Minkler, M. (1985). Building supportive ties among inner city elderly: The tenderloin senior outreach project. Health Education Quarterly, 12 (4), 303-314.

Mirowsky, J. , & Ross, C. E. (1986). Social patterns of distress. Annual Review of Sociology, 12, 23-45.

Miskelly, S. (1995). A parish nursing model: Applying the community health nursing process in a church community. Journal of Community Health Nursing, 12 (1), 1-14.

Morse, J. M. (1989). Qualitative nursing research: A contemporary dialogue. London: Sage.

Morse, J. M., & Field, P. A. (1995). Qualitative research methods for health professions (2nd ed.). Thousand Oaks, CA: Sage.

Naparstek, A. J., Biegel, D. E., & Spiro, H. R. (1982). Neighborhood networks for humane mental health care. NY: Plenum Press.

Pender, N. J. (1996). Health promotion in nursing practice (3rd ed.). Stamford, CT: Appleton & Lange.

Rains, J. W., & Wiles Ray, D. (1995). Participatory action research for community health promotion. Public Health Nursing, 12 (4), 256-261.

Rappaport, J. (1977). Community psychology: Values, research and action. NY: Holt, Rinehart and Winston.

Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. American Journal of Community Psychology, 9 (1), 1-25.

Reason, P. (1988). Introduction. In P. Reason (Ed.), Human inquiry in action: Development in new paradigm research (pp. 1-17). Newbury Park, CA: Sage.

Reutter, L. (1995). Poverty and health: Implications for public health. Canadian Journal of Public Health, 86 (3), 149-167.

Rissel, C. (1994). Empowerment: The holy grail of health promotion? Health Promotion International, 9 (1), 39-47.

Robertson, A., & Minkler, M. (1994). New health promotion movement: A critical examination. Health Education Quarterly, 21 (3), 295-312.

Rodwell, C. M. (1996). An analysis of the concept of empowerment. Journal of Advanced Nursing, 23, 305-313.

Rousseau, M. F. (1991). Community: The tie that binds. NY: University Press of America.

Simington, J. A., Olson, J., & Douglass, L. (1995). Parish nursing: Promoting well-being within a parish community: A report submitted by the Ad Hoc Committee on Parish Nursing Faculty of Nursing University of Alberta, 1-17. Edmonton, AB: Faculty of Nursing University of Alberta.

Spradley, J. P. (1979). The ethnographic interview. NY: Harcourt Brace Jovanovich College.

Stewart, M. J. (1993). Integrating Social Support in Nursing. Newbury Park, CA: Sage.

Stewart, M. J. (1990). Access to health care for economically disadvantaged Canadians: A model. Canadian Journal of Public Health, 81, 450-455.

Stott, J. (1984/1990). Decisive issues facing christians today. Old Tappan, NJ: Fleming H. Revell.

Strauss, A. (1987). Qualitative analysis for social scientists. Cambridge: Cambridge University Press.

Strauss, A., & Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. London: Sage.

Sutherland, M., Hale, C. D., & Harris, G. (1995). Community health promotion: The church as partner. The Journal of Primary Prevention, 16 (2), 201-216.

Sutherland, M., Harris, G., Kissinger, M., Lapping, S., Cowart, M., Warner, V., Lewis, J., & Turner, L. (1994). Church-based youth drug prevention programs in African-American communities. Wellness Perspectives, 10 (2), 3-22.

Titchen, A., & Binnie, A. (1993). Changing power relationships between nurses: A case study of early changes towards patient-centered nursing. In A. Titchen (Ed.), Changing nursing practice through action research, Report 6 (pp. 61-72). Oxford: National Institute for Nursing.

Titchen, A., & McIntyre, D. (1993). A phenomenological approach to qualitative data analysis in nursing research. In A. Titchen (Ed.), Changing nursing practice through action research, Report 6 (pp. 29-48). Oxford: National Institute for Nursing.

Wallerstein, N. (1992). Powerlessness, empowerment, and health: Implications for health promotion. American Journal of Health Promotion, 6 (3), 197-205.

Wang, M. C., Haertel, G. D., & Walberg, H. J. (1995). The effectiveness of collaborative school-linked services. In L. C. Rigsby, M. C. Reynolds, & M. C. Wang (Eds.), School-community connections: Exploring issues for research and practice (pp. 283-310). San Francisco, CA: Jossey-Bass.

Webb, C. (1989). Action research: Philosophy, methods and personal experiences. Journal of Advanced Nursing, 14, 403-410.

Wellman, B. (1981). Applying network analysis to the study of social support. In B. H. Gottlieb (Ed.), Social networks and social support (pp. 171-200). London: Sage.

Wells, B. L., DePue, J. D., Lasater, T. M., & Carleton, R. A. (1988). A report on church site weight control. Health Education Research, 3 (3), 3-22.

White, R. (1997). Pursuing biblical social justice. Faith Today, 15 (2), 23-30.

Williams, A. (1995). Ethics and action research. Nurse Researcher, 2 (3), 49-59.

Wilson, S., & Gudmundsdottir, S. (1987). What is this a case of? Exploring some conceptual issues in case study research. Education and Urban Society, 20 (1), 42-54.

Yonge, O., & Stewin, L. (1988). Reliability and validity: Misnomers for qualitative research. The Canadian Journal of Nursing Research, 20 (2), 61-67.

Zimmerman, M. A. (1990). Taking aim on empowerment research: On the distinction between individual and psychological conceptions. American Journal of Community Psychology, 18 (1), 169-177.

Zimmerman, M. A., & Rappaport, J. (1988). Citizen participation, perceived control, and psychological empowerment. American Journal of Community Psychology, 16 (5), 725-750.

Appendix A

Table 1

1996 Low Income Cutoffs of Family Units For City With Population Over 500 000

Family Size (# of people)	Mean Income ($)
2	21 092
3	26 232
4	31 753
5	35 494
6	39 236
7 or more	42 978

1996 Statistics Canada Catalogue #13-207

Appendix B
Interview Guide
Midsemester Interview with Principal and Acting-For Principal

The following interview guides represent broad questions asked during interviews. Some of those questions were modified or emphasized differently during various interviews. The questions served to supplement and embellish data that had already been compiled from other means of data collection described in Chapter III.

1. Tell me about how you perceive the partnership going so far?

2. What does working in an effective partnership mean to you?

3. How do you perceive our involvement as a religious group in the school?
   - -How may it be different than other volunteer groups working in the school?
   - -How may it be different than agency involvement?

4. Parent involvement has become one of our focuses:
   - -How do you see that playing out in our actions?
   - -Do you still see it as an important dimension of the partnership?
   - -How can we more effectively work with the parents?
   - -What do you see as some of the barriers to our involving parents?

5. Looking back over the last semester:
   - -What was helpful in establishing the partnership?
   - -What could have been done differently?

6. What questions do we need to be asking or actions we need to be taking as we enter this next semester?

Appendix C
Interview Guide
Midsemester Interview with Parish Group Members

1. How do you perceive the partnership to be going so far?

2. How has the partnership met your expectations?

3. What do you perceive as the role of a religious group in the school?

4. How do you perceive your role in the partnership?

4. How do you feel the church parishioners and leadership perceive the partnership so far?

5. How do you see us working more effectively with the parish congregation?

6. Concerning specific initiatives we are involved in:
   - -How do you think they are going?
   - -What changes do you think need to be made so that they are more effective?

7. Concerning the philosophy of neighbors caring for neighbors:
   - -Do you see it as a useful philosophy?
   - -How do you see it playing out in our actions?
   - -What are the barriers to incorporating such a philosophy?

8. Concerning parent involvement:
   - -How do you see our emphasis on parent involvement impacting the partnership so far?
   - -What does an effective partnership with parents mean to you?
   - -Is PAC a good place for us to be involved?
   - -What do you see as barriers to parent involvement?
   - -What other questions do we need to be asking with regard to parent involvement?

9. Tell me about your perceptions regarding the strengths and limitations of the parish involvement up to this point?

10. What questions do we need to be asking as we continue to move forward in the partnership?

Appendix D
Interview Guide
Midsemester Interview with Teacher Liaison

1. What was your initial reaction to the parish becoming involved in the school?

2. How have your expectations concerning our involvement changed?

3. What has it been like for you to be involved?

4. How do you think other teachers perceive our involvement?

5. At this point, how do you see the partnership impacting those at the school?

6. What do you see as strengths of the parish/school partnership?

7. What do you see as weakness of the parish/school partnership?

8. Concerning our involvement as neighbors caring for neighbors:
   - -Do you see that as a useful philosophy?
   - -How do you see it playing out in our actions?
   - -What are the barriers to incorporating such a philosophy?

9. Concerning parent involvement:
   - -How do you see our emphasis on parent involvement impacting the partnership so far?
   - -Is it a realistic goal?
   - -Is PAC a good place for us to be?
   - -How do you think we can more effectively work with parents?
   - -What do you see as some of the barriers to parent involvement?

10. What questions do we need to be asking as we continue to move forward in the partnership?

Appendix E
Interview Guide
Midsemester Interview with Parish/Parent Volunteers

1. What motivated you to become involved?

2. What keeps you motivated?

3. Were there barriers to you becoming involved? How were those overcome?

4. Tell me about some of your experiences in being involved?
   -What have you found gratifying?
   -What have you found to be a challenge?

5. How have those experiences impacted you? Your perception of the neighborhood?

6. How do you see the partnership impacting others at the school?

7. Tell me what it has been like to work alongside your parent/parish partner?

8. How do you feel about the parish partnering with the school?

9. Are there things that the parish or school need to do to enhance volunteering in the school?

Appendix F
Interview Guide
Final Interview with PAC Parents

1. What was your first reaction when you heard a parish was going to become involved at the school?

2. Initially, what were your expectations concerning parish involvement?

3. How have those expectations changed?

4. What do you now perceive our role to be in the school? Do you think that it is an appropriate role?

5. Tell me about what motivates you to be involved in the school?

6. Concerning our work with parents and with PAC:
   - -How has our working with parents been important to the partnership? Do you see it as useful?
   - -Was PAC a good place for us to be?
   - -How did you see us contributing to PAC?
   - -What might we need to be careful about in being involved in PAC or in the school in general?
   - -What do you still see as barriers to parent involvement?
   - -What are ways we can more effectively work alongside parents?

7. Concerning the philosophy of neighbors caring for neighbors:
   - -How do you see that philosophy coming through in our actions?
   - -Do you think it is a useful philosophy?
   - -Do you perceive us differently?

8. Tell me how you think the partnership has contributed to the school? The neighborhood?

9. How has it impacted you personally for us to be involved?

10. What would you like to see happen in the future?

Appendix G
Interview Guide
Final Interview with Principal and Teacher Liaison

1. What was your initial reaction to a church becoming involved at the school?

2. How do you think the year has gone?

3. What are some of the strength and limitations of the partnership?

4. What has it been like for you to be involved in the collaborative group? What have you learned by being involved?

5. Concerning our philosophy of neighbors caring for neighbors:
   - -Did you see it as a useful philosophy?
   - -How did you see it playing out in our actions?
   - -What are the barriers to incorporating such a philosophy?

6. Concerning our involvement with parents:
   - -How did you see our emphasis on parent involvement impacting the partnership?
   - -How did you see our work with PAC impacting the partnership?
   - -Was PAC a good place for us to be?
   - -How did you see us contributing to PAC? Our role?
   - -What do you continue to see as some of the barriers to parent involvement?
   - -How can we more effectively work with parents in the upcoming year?

7. What do you envision for the future with regards to our partnership?

Appendix H
Interview Guide
Final Group Interview with Parish Group

1. Tell me how you think the year has gone?

2. Tell me about what you learned concerning:
   -the relationship between a church and a school
   -getting started in the partnership
   -moving forward and trust building
   -the strengths and limitations of the partnership
   -about parent involvement
   -about our involvement as neighbors caring for neighbors
   -about yourself

3. How would you answer the question: Can a local parish become involved in promoting the health and well-being of children and families in a local school?

4. What do you envision for the future?

5. What questions do we need to be asking as we move into the next year?

Appendix I
Parent Survey From Student-Led Conference

The following is an example of the parent survey conducted at student-led conferences.

Parent Questionnaire

Hi! This year at Gibson Elementary we as parents and neighbors want to work with the school to help run some great programs for our children. To do that, we would like to get to know you better. We would like to hear from you about the kinds of activities you may want to help us with. Or, we would love to hear about your ideas for activities that can benefit our children and families in this neighborhood.

Parent Name: _____
Address: _____
Phone: _____

Children's Names: _____Grade/Age:_____
_____ Grade/Age:_____

Listed below are some activities that are already happening in the school this year. What are some areas you would be interested in (check any that apply):

_____School snack program (working with other volunteers any morning from 9-10:30 a.m.)
_____Reading with a child (drop-in any time of day for 15-20 minutes to help a child read)
_____Christmas banquet (December 19. We will need help with serving and clean-up any time between 11:30 and 1:30 p.m.)
_____Spring Fling
_____Fundraising
_____Helping in the classroom
_____PAC (parent advisory council meets first Monday every month)
_____Other ideas for you or your child (please write here)

Appendix J
Congregational Survey

The following is an example of the congregation-wide survey conducted by the core group.

1. Does our parish/school partnership capture what you believe God is calling us to in our neighborhood?

2. Do you believe your ministry gifts can be used in the partnership? Please specify how?

3. What opportunities for you to get involved are you aware of in the partnership? (Check those you were aware of)

   Snack program___
   Reading program___
   Christmas banquet___
   Fundraising/Donating___
   Spring Fling___
   Parent Advisory Council___

4. Would you like more information about the partnership? (Please specify)

Appendix K
Consent Form

Project Title: Community Collaboration: Working Together to Promote Health in Local Elementary School

Co-researcher:
Carmen Lawrence
Faculty of Nursing
University of Alberta

Supervisor:
Dr. Linda Ogilvie
Faculty of Nursing
University of Alberta: 492-9109

The purpose of this study is to explore how a local parish becomes involved in promoting health in a local high-needs elementary school. I am a nurse who is part of this group and I will be writing about how people like you get involved in this project.

If you agree to participate in this study:
*I will be observing and writing about your involvement.
*Meetings that you attend will be taped and typed.
*There may also be one or two times during the school year when I interview you so that I can understand your point of view. The interview will be done by myself and will last about one hour.
*Each interview will be tape recorded and typed.

The information you give will help others involved in this project evaluate the success of programs. It will also help in making more changes. If you tell me information about the abuse of someone under 18 years of age, I will have to report it to Family and Social Services. There will be no information that will identify you in presentations or published reports of this research. If words you have said are used in my report, you will be give a make believe name.

Your Choice:
Your participation in this study is voluntary. You can quit at any time, without penalty, by telling me or calling me at the school (477-2897). Being part of this study will help benefit the health of people in our community. It is not expected that there will be any risks involved.

Myself and a typist will be the only ones who listen to the taped interviews. The tapes, typed interviews, and my own notes from various meetings will be kept in a locked cabinet. If information from this study is used for any further research, I will get correct ethical clearance.

Any Questions?

You can call my supervisor or myself if you have questions during the school year.

THIS IS TO CERTIFY THAT I _____agree to participate in this study as a volunteer. I have read and understood this consent form and my questions have been answered.

Signature of Participant_____Date_____
Signature of Researcher_____Date_____